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GENDER AND DISABILITY ANALYSIS REPORT

Youth Employment and Resilience Activity
Award Number: **7206I323FA00004**

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DISCLAIMER

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

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LIST OF ACRONYMS

CCW Community Childcare Worker

CDCS	Country Development Cooperation Strategy
CSE	Comprehensive Sexuality Education
CWD	Children with Disabilities
DDC	District Development Coordinator
DREAMS	Determined, Empowered, AIDS-free, Mentored and Safe women.
FGD	Focus Group Discussions
GDA	Gender and Disability Analysis
IR	Intermediate Results
KIIs	Key Informant Interviews
LFCLS	Labour Force and Child Labour Survey
MEL	Monitoring, Evaluation, and Learning
MICS	Multiple Indicator Cluster Survey
MoHCC	Ministry of Health and Childcare
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
MoPSE	Ministry of Primary and Secondary Education
MoYEDVT	Ministry of Youth Empowerment, Development and Vocational Training.
MPSLSW	Ministry of Public Service Labour and Social Welfare
MWACSMED	Ministry of Women Affairs, Community, Small and Medium Enterprises Development
NASCOH	National Association of Societies for the Care of the Handicapped
PWDs	People with Disabilities
SDC	School Development Committee
SGBV	Sexual Gender Based Violence
SMART	Support, Maintain, Advocate, reduce Risk and Transform
SME	Small and Medium Enterprises
SRH	Sexual and Reproductive Health
STEM	Science, Technology, Engineering, and Mathematics
STI	Sexually Transmitted Infections
TYDT	Tariro Youth Development Trust
VSLGs	Village Savings and Lending Groups
USAID	United States Agency for International Development
VFU	Victim Friendly Unit
VHW	Village Health Worker
VIDCO	Village Development Committee
WADCO	Ward Development Committee
YAB	Youth Advisory Board
YERA	Youth Employment and Resilience Activity
YETT	Youth Empowerment and Transformation Trust
YwDs	Youth with Disabilities
ZDHS	Zimbabwe Demographic Health Survey

EXECUTIVE SUMMARY

This report presents the findings of the Gender and Disability Analysis (GDA) of the Youth Employment and Resilience Activity (YERA). YERA seeks to create employment opportunities for Zaka youth as well as enhance their civic participation and access to youth-friendly health services. To better inform the Activity

implementation, and Monitoring, Evaluation and Learning (MEL), a GDA was conducted in ten wards in Zaka district that are targeted by YERA. The GDA aimed to gain a deeper understanding of the gender and disability inclusion architecture among youth and its downstream consequences. The analysis examined socio-cultural norms, and beliefs that influence patterns of power, decision-making, access to and control of assets, and household role distribution, and how these impact access to economic opportunities, health services, and leadership and decision-making processes among female youth, male youth, and Youth with Disabilities (YWDs). The findings will be used to modify the interventions of the Activity to ensure meaningful gender and disability inclusion. Additionally, these findings will contribute to the establishment of an evidence-base that supports learning, documentation of effective practices, and advocacy efforts on gender and disability issues among youth.

The GDA was conducted using participatory, mixed methods with diverse community members in Zaka district wards targeted by YERA. Qualitative data collection methods for the GDA consisted of key informant interviews (KIIs) and focus group discussions (FGDs), while quantitative data was collected using a questionnaire administered to the youth through Kobo-Collect. In total, the GDA engaged 6 local government officials; 49 community leaders; 16 caregivers; 279 youth without disabilities; and 34 YWDs. Significant findings emerged from the GDA, and these are highlighted briefly below. Additional details about the findings, as well as recommendations, are included in the body of the report.

Key Findings by Thematic Area

Gender Roles, Responsibilities, and Time Use

- **Gender Roles:** Across all ten studied wards, gender roles are socially and culturally defined, differing by age, marital status, and disability. Unmarried boys typically learn economic skills like farming, livestock management, and income-generating tasks from their elders, while unmarried girls are taught domestic skills such as cooking, sweeping, washing, and childcare. In households with a child with a disability (CWD), girls often assume caregiving responsibilities. Unmarried and married male youth are expected to be economic providers through paid work like carpentry, welding, and repairs, while married female youth are expected to handle unpaid domestic tasks. Although some male youth help with household chores in families with labour-saving technologies, married men who assist with domestic work often face ridicule and stereotypes. Socio-economic changes have significantly shifted gender roles, resulting in time poverty among female youth, who now shoulder both paid and unpaid work due to high unemployment, husband migration, and climate change.
- **Time Use and Domestic Confinement:** Female youth, particularly those with disabilities, are often confined to the home. Female youth without disabilities spend 53.1% of their time at home, while female YWDs spend 82.4%, compared to 39.5% and 58.8% for their male counterparts, respectively. This highlights how gender and disability intersect to confine youth with disability to their homes, limiting their participation in public spaces, leadership, employment, and entrepreneurial opportunities. For female youth without disabilities, confinement is primarily due to domestic work. For female YWDs, it also stems from the fear of family shame, as disability is often seen as a result of "witchcraft" or a "curse."
- **Career Aspirations and Gender Stereotypes:** Despite progressive views on gender and disability equality, traditional gender roles and stereotypes still influence career aspirations. 68.1% of participants noted that gender roles shape perceptions of suitable careers. Male youth associated careers like construction, engineering, welding, and mechanics with men, while female youth linked careers like dressmaking, hairdressing, and nursing with women. YWDs were directed towards careers deemed achievable, such as shoe repairing, computer or phone servicing for males, and cooking and baking for females. This gendering of career choices discourages girls from pursuing STEM fields and pressures boys to avoid traditionally female-dominated fields like education and the arts. The findings are consistent with the Zimbabwe Gender Assessment (2023), which found that male youth dominate STEM fields, while female youth are more likely to enrol in arts, education, and social sciences (10% vs. 8%).
- **Occupational Segregation:** Occupational segregation perpetuates gender and disability-based discrimination, relegating female youth and YWDs to insecure jobs. Female youth without disabilities

are often confined to unpaid family work (13.3%) and underpaid domestic work in other households (17.6% for female YWDs). Although male youth dominate secure occupations, high unemployment forces many into precarious informal sector jobs, with only 3.8% securing formal employment as civil servants. YWDs face significant barriers to decent employment, with many relegated to vending (8.8%). The National Association of Societies for the Handicapped (NASCOH) study also showed that 8% of people with disabilities (PWDs) are self-employed, often as vendors.

- **Mobility Restrictions:** Mobility restrictions significantly impact youth participation in civic and economic opportunities. In all studied wards, married female youth need their husbands' permission to travel far due to cultural norms that place them under male guardianship. Unmarried youth need permission from parents or male guardians. Female YWDs, especially those with physical and/or visual impairments, face even greater restrictions, requiring both accompaniment and permission to travel.

Access to and Control over Assets

- **Youth Access to Land:** Access to land among youth is limited, with significant disparities based on age, gender, and disability. Only 32.5% of youth without disabilities (40.9% male vs. 26.4% female) reported having land access. The study revealed that only 11.8% of female YWDs have access to land, compared to 35.3% of their male counterparts. These findings are consistent with Zimbabwe's 2019 situational assessment, which indicated that only 33.1% of rural youth had land access. Land is typically passed down to male youth upon marriage or inherited upon their father's death, often excluding unmarried and female youth from land allocation. Even when unmarried youth access land, decision-making on planting and income distribution remains controlled by parents. This limited access and control restrict youth participation in agricultural value chains.
- **Access to Household Assets:** Youth in all ten wards face challenges in accessing and controlling household assets and resources for production. Male youth have relatively better access (37.2% vs. 24.8% for female youth), but all interviewed YWDs reported having no control over household assets. Male youth tend to control high-value assets (e.g., ploughs, axes, shovels, wheelbarrows, and larger livestock like pigs, donkeys, and cattle), while female youth control lower-value assets (e.g., kitchen utensils, hoes, and small livestock like chickens, guinea fowls, ducks, and turkeys). This disparity limits female youth's ability to generate income, build assets, and fully engage in entrepreneurship.
- **Digital Access:** 28.7% of youth reported lacking both smartphone ownership and internet access. Female youth reported higher rates of smartphone ownership and internet access (40.3%) compared to male youth (33.1%). The lack of digital access continues to exclude youth from digital opportunities.
- **Assistive Devices and Technology for YWDs:** The vast majority of YWDs lack access to assistive devices and technologies, with 94.1% of both male and female YWDs reporting no access. High levels of poverty prevent YWDs from affording these devices. Additionally, 82.4% of YWDs reported a lack of access to information in accessible formats, affecting both males and females. This underscores the systemic exclusion of YWDs from development programs.

Patterns of Power and Household Decision Making

- **Influence of Age, Disability, Gender, and Income:** Youth participation in household decision-making varies based on age, disability, gender, and income. Adults often exclude young people, citing their perceived lack of focus and decision-making ability. However, youth contributing to household income are more likely to be involved in decisions, unlike those who do not contribute. Unmarried girls are excluded due to patriarchal norms that deem their opinions temporary and unnecessary, anticipating their departure from the family upon marriage. Similarly, YWDs are often seen as non-contributors, leading to their exclusion from decision-making.
- **Income Control by Parents:** Unmarried youth who earn an income often report being forced to hand it over to their parents, who then control its expenditure. Parents justify this by claiming that youth are unfocused and would otherwise waste money on unnecessary expenses.
- **Barriers to Participation in Development Initiatives:** Unmarried youth face barriers to participating in development initiatives, requiring parental consent, while YWDs rely on caregivers

for decision-making. Married female youth need to consult their husbands to participate, with some also needing permission from in-laws if their husbands are abroad. However, some husbands recognize the benefits of both spouses contributing to household income, facilitating their wives' participation in development initiatives.

Participation in Leadership and Public Decision-Making Spaces

- **Underrepresentation in Leadership:** Youth are significantly underrepresented in positions of authority, with roles such as District Development Coordinator (DDC), members of parliament, councillors, and traditional and religious leaders predominantly held by adults. Only 27.4% of youth without disabilities (27.4% females and 30.8% males) and 33.3% of YWDs (0% females and 50% males) reported holding leadership positions, mainly in churches. These roles, such as youth leaders and secretaries, have limited influence in community development and offer little autonomy, as they are still accountable to church elders.
- **Low Political Participation:** Youth participation in political and electoral processes is alarmingly low. Only 45.5% of youth without disabilities (42% of males and 48.1% of females) participated in the 2023 general elections, primarily as passive voters. This is consistent with the national trend, where 44% of youth voted, according to the European Union Election Observation Mission Report (2023). Reasons for low participation include limited voter education, lack of youth representation in political leadership, and the perception that their voices are ignored. High costs of participation, with parliamentary candidates required to pay USD\$1,000 and local council candidates USD\$100, also deterred youth participation as electoral candidates. Participation of YWDs was even lower at 29.6% (41.2% males and 17.6% females), due to barriers like inaccessible polling stations and negative perceptions about their political agency.
- **Marginal Involvement in Community Decision-Making:** Youth are marginally involved in decision-making structures such as Village Development Committees (VIDCOs), Ward Development Committees (WADCOs), and School Development Committees (SDCs). Only 25.15% of youth without disabilities (20.0% females and 30.3% males) and 8.8% of YWDs (5.9% females and 11.8% males) reported participating in community decision-making processes. Exclusion is driven by sexism and ageism, with community structures predominantly led by adult men. Furthermore, only 27.4% of youth (24.0% females and 30.8% males) held leadership positions, but these were mainly subordinate roles like secretaries or committee members, with no youth holding top or influential positions like chairpersons. Exclusion is more pronounced for YWDs, who face heightened discrimination. Youth participation in district platforms, such as rural district development committees and council meetings, remains low due to feelings of being ignored and dismissed by district leaders.

Access to Economic Opportunities

- **Limited Formal Employment:** The formal employment sector in the studied wards is severely limited, resulting in a scarcity of decent jobs for youth regardless of gender or disability. The informal sector, including SMEs such as butcheries, retail shops, lodges, hair salons, and food vendors, provides the largest employment opportunities for youth. However, these jobs come with vulnerable conditions, such as poor working environments, inadequate social security, and limited benefits. YWDs are often excluded due to stereotypes of being less productive, increased company costs, and inaccessible infrastructure. This forces them into menial tasks like vending and repairing radios and shoes.
- **Lack of Employment Support:** Youth, including those with disabilities, lack support in accessing employment opportunities, relying on informal networks and social media for job information, which can lead to scams and unfulfilling jobs. They also lack guidance in the application process, including resume building, interview preparation, and online application submission, making it difficult to secure decent employment.
- **Exclusion from Small-Scale Mining:** In wards 32, 33, and 8, female youth are excluded from small-scale mining due to prevalent violence and the risk of sexual and gender-based violence (SGBV). They are barred from mining areas, especially during menstruation, when they are considered "unclean" and believed to bring bad luck, causing the gold to disappear.

- **Challenges in Small Enterprises:** Due to scarce job opportunities, youth have turned to small enterprises for employment but face significant hurdles, including a lack of support systems and capital for establishing or expanding businesses. Female youth are disproportionately affected, with only 5.9% accessing loans compared to 11.8% of male youth. This is due to a lack of collateral for high-value borrowing, limited resources, and low earnings, which restrict access to finance. While female youth have turned to Village Savings and Lending Groups (VSLGs) as an alternative financing option, male youth report limited involvement in VSLGs due to lack of trust and high mobility.

Access to Health Services

- **Variability in SRH Services:** Access to Sexual and Reproductive Health (SRH) services varies across wards. Wards 8, 13, 24, and 28 lack health facilities, compelling youth to travel approximately 10km to neighbouring wards for essential SRH services. Female youth encounter additional challenges such as mobility constraints and cultural norms prioritizing domestic duties over healthcare access.
- **Challenges in Access:** 14.4% of female youth without disabilities and 16.8% of male youth reported difficulty accessing SRH services, notably in wards 8, 13, 24, and 28. Male youth cited insufficient "male-friendly" services at local clinics, inadequate infrastructure, and limited service options. In contrast, YWDs face significant barriers, with 73.6% experiencing difficulties accessing SRH services, particularly females (88.3%) compared to males (58.8%). These challenges include inaccessible facilities lacking ramps, braille materials, and staff proficient in sign language.
- **Disparities in Service Utilization:** Female youth without disabilities (58.1%) are more likely to access SRH services compared to males (53.8%). Among YWDs, males (35.3%) have higher access rates than females (29.4%). Overall, youth without disabilities have better access (56.3%) compared to YWDs (32.4%), highlighting significant gender and disability disparities in healthcare access. Male youth expressed dissatisfaction with their exclusion from targeted SRH and HIV programs, primarily focused on girls and young women.
- **Information Gaps:** There is a notable gap in comprehensive SRH information impacting service uptake. Only 32.4% of YWDs are aware of their SRH rights, compared to 38.0% of youth without disabilities. This aligns with national trends from the 2015 Zimbabwe Demographic Health Survey (ZDHS), indicating low comprehensive SRH knowledge among young people. Cultural and social norms restrict access to Comprehensive Sexuality Education (CSE), especially for unmarried youth, complicating SRH service access for YWDs lacking information in accessible formats like braille and audio-visuals.
- **Influence of Marital and Religious Norms:** Marital status and religious beliefs significantly influence contraceptive use. Local norms often dictate contraception acceptance only after the first child's birth, emphasizing fertility demonstration for young married women. Misconceptions about contraceptives causing infertility persist among youth, particularly in apostolic sectors where accessing SRH services is prohibited, risking stigma and exclusion from church communities.
- **Barriers Among Male Youth:** The study identifies low uptake of SRH and HIV services among male youth, attributed to traditional masculine norms valuing strength and resilience. Focus group discussions revealed fears of stigma and blame as perceived "vectors" of HIV transmission, deterring male youth from seeking medical attention. Many prefer traditional herbal remedies like "guchu" for treating STIs and cancer, avoiding clinics and hospitals for SRH services.

Sexual and Gender Based Violence

- **Prevalence and Impact:** SGBV is widespread across all wards, disproportionately affecting girls and young women. The study revealed that 26.3% of female youth without disabilities and 17.6% of female YWDs experienced SGBV, compared to 10.3% and 5.9% of their male counterparts, respectively. Common forms included sexual violence, and psychological, physical, and economic abuse. High unemployment and harmful cultural norms were identified as major drivers.
- **Underreporting Challenges:** Both male and female youth, as well as YWDs, face significant barriers in reporting SGBV. Female youth fear economic dependence, stigma, and societal condemnation. YWDs encounter additional obstacles such as dependence on perpetrators and lack

of accessible support services. Male youth are deterred by societal expectations of masculinity and fear of stigma.

- **Child Marriage:** The practice of child marriage persists due to entrenched cultural beliefs and norms, with girls as young as 12 being forced into marriage against their will.

Key Learnings

- **Engagement Strategies for YWDs:** Effective outreach strategies are crucial to engage YWDs in data collection. Collaborating with disability-focused organizations, utilizing accessible communication methods like sign language and braille, and creating inclusive physical spaces are essential approaches.
- **Gender Roles and Time Poverty:** Unless husbands are actively engaged to share the workload, married female youth in YERA's targeted wards will remain trapped in a cycle of "time poverty". The disproportionate burden of both paid work and unpaid work weighs heavily on these young women, constraining their ability to participate in YERA.
- **Youth Representation in Leadership:** The absence of youth in decision-making roles at district and community levels impedes their access to role models and mentorship crucial for aspiring to leadership positions. Without youth representation in leadership, they lack tangible examples of success and mentorship, hindering their ability to envision themselves in similar positions of influence.
- **Do No Harm Principle:** If YERA's interventions are not carefully designed and implemented, the activity risk perpetuating existing gender and disability inequalities and causing harm to marginalized groups. Adherence to the "Do No Harm" principle is critical to prevent exacerbating existing inequalities based on gender and disability through YERA interventions.
- **Employment and Economic Opportunities:** Given the scarcity of formal employment, supporting SMEs is pivotal for creating decent jobs for youth, particularly in the informal sector where they are predominantly engaged.
- **Comprehensive Gender and Disability Strategy:** A robust strategy addressing the specific needs and challenges of male and female youth, as well as male and female YWDs, is essential to ensure inclusivity and equity in all YERA interventions.

I. INTRODUCTION AND BACKGROUND

I.0 Contents of the Report

The report presents the findings of a GDA of the YERA, conducted by a team of independent consultants with support from YERA staff in March 2024. The GDA provides a foundational understanding and context of the Activity's participants, specifically the youth in Zaka district, with a focus on the differences between genders, ages, and disabilities.

I.2 Activity Background

YERA in Zaka district is a five-year Fixed Amount Renewal Award between USAID and TYDT. The Activity seeks to create employment opportunities for Zaka youths as well as enhance their civic participation and access to youth-friendly health services. YERA directly feeds into USAID/Zimbabwe's Country Development Cooperation Strategy (CDCS) – in particular – the CDCS's development objective 2 being, 'Youth Contribution to Zimbabwe's Development Progress Enhanced.'

The goal of the Activity is to transform Zaka district into a more resilient, inclusive, and accountable society. This will be achieved through working on three (3) Intermediate Results (IRs), which are:

- **IR1: Youth innovation, employability and entrepreneurship enhanced:** IR1 aims to expand sustainable economic opportunities that create employment opportunities, increase incomes, and build self-reliance among youth.
- **IR2: Uptake of health and social services by youth increased:** IR2 promotes positive health outcomes among young people by increasing the availability of, and access to, youth-friendly health services. It addresses the individual, policy, programmatic, social, and structural barriers (such as stigma, SGBV, and child marriages) and inequities that negatively impact the health of youth.
- **IR3: Youth agency enhanced:** IR3 supports youth to gain agency by increasing civic awareness, youth leadership, and opportunities for youth leadership, and active participation in civic processes.

I.3 Rationale of the GDA

YERA recognizes gender and disability inequality as pervasive obstacles to accessing essential health services, economic opportunities, and civic engagement. To address these disparities, YERA has deliberately positioned gender and disability inclusion as a core principle. A thorough GDA was essential to identify and understand the specific challenges and needs of marginalized groups, as well as the socio-cultural norms and beliefs that perpetuate inequality. This analysis informs YERA's strategies to promote inclusivity, equity, and empowerment for all youth, regardless of gender or ability. The analysis also helps YERA identify entry points for interventions, ensuring that its activities are tailored to address the unique needs of male and female youth, as well as YWDs, promoting tailored support and inclusive development.

1.3 Objectives of the GDA

The purpose of the GDA was to gain a deeper understanding of the gender and disability inclusion architecture among youth and its downstream consequences in the targeted ten Zaka district wards. The Analysis examined socio-cultural norms, and beliefs that influence patterns of power, decision-making, access to and control over assets, and household role distribution, and how these impact civic participation, economic prospects, and health among female and male youth, including YWDs. The findings will be used to modify the Activity's interventions to achieve gender and disability inclusion in YERA. Additionally, these findings will contribute to the establishment of an evidence base that supports learning, documentation of effective practices, and advocacy efforts on gender and disability issues. Key objectives of the GDA were to:

- Explore the gender and disability dynamics, and how they affect the access to healthcare, economic opportunities, and civic participation among youth.
- Identify, analyze and examine gendered vulnerabilities, underlying structural norms, and disability-related challenges that affect youth access to healthcare, economic opportunities, and civic participation.
- Examine the gendered power relations between female youth, male youth, and YWDs; and explore the differences in their access to resources, priorities, needs, activities, and constraints that they face in relation to each other.

2. DESIGN AND METHODS

The GDA for YERA was informed by several frameworks, including USAID's ADS Chapter 205 on Integrating Gender Equality and Female Empowerment in USAID's Program Cycle, an Additional Help for ADS Chapter 205 on Integrating Disability into Gender Analysis, USAID Gender Analysis Toolkit, USAID Positive Youth Development Framework, and Gender Action Learning System. The analysis employed a mixed-methods approach, utilizing both qualitative and quantitative techniques to collect and analyse data. This offered diverse perspectives on gender and disability dynamics and the implications of these dynamics on three IRs of YERA. It also provided a more holistic picture of the gender and disability issues across wards and allowed for triangulation of data. Qualitative data was gathered through key informant interviews (KII) and FGDs, while quantitative data was collected using a questionnaire administered to the youth through Kobo-Collect. Desk review was also conducted to gather relevant information and insights from previous studies, assessments, and evaluations to have a contextual understanding of the gender and disability understanding. The GDA investigated 8 domains namely cultural norms and beliefs; gender roles and time use; access to and control over assets; patterns of power and household decision-making; participation in leadership and public decision-making spaces; access to economic opportunities; access to health services; SGBV; and TYDT gender and disability capacity.

2.1. Study Sites

The GDA was conducted in all ten targeted wards of YERA in Zaka district, specifically wards 1, 3, 8, 13, 19, 23, 24, 28, 32, and 34. All the wards were targeted to gain a nuanced understanding of gender and disability dynamics in these wards and inform the modification and implementation of YERA to promote gender and disability inclusion.

2.2. Participant Characteristics and Data Collection Methods

2.2.1. Desk Review

A review of YERA documents, such as the technical proposal, MEL Plan, annual work plan, and reports was conducted. This review enabled the consultants to have a deeper understanding of the Activity, its goal, and intended results. Further documents reviewed included literature on gender and disability inclusion in Zimbabwe. Data from desk review complimented that which was collected through other methods such as KIIs, FGDs, and questionnaires. The review of these documents helped the consultants to identify the gender and disability dynamics at national levels; and to analyze and adapt positive trends and best practices on gender and disability inclusion within YERA.

2.2.2. Key Informant Interviews

KIIs were conducted with YERA staff to gather in-depth data on TYDT's capacity and efforts to effectively integrate gender and disability considerations into YERA. KIIs were also held with stakeholders at district, and community levels. At district level, KII were conducted with district heads of the following key government departments: DDC Office, Ministry of Health and Childcare (MoHCC), Ministry of Primary and Secondary Education (MoPSE), Ministry of Public Service, Labour and Social Welfare (MPSLSW), Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MoWACSMED), and Ministry of Youth Empowerment, Development and Vocational Training (MoYEDVT). At the community level, KIIs were conducted with the following participants: councillors, Village Health Workers (VHWs), village heads, Community Childcare Workers (CCWs), school heads and teachers, religious leaders, and ward youth coordinators. The purpose of interviewing these key informants was to enable them to share their perspectives on gender and disability dynamics from a youth-focused lens, and to understand how these dynamics can impact the outcomes of YERA. A total of 63 key informants, out of a target of 38, were interviewed during the GDA, representing a 165.8% achievement of the target. This is attributed to higher levels of interest of community leaders.

2.2.3. Focus Group Discussions

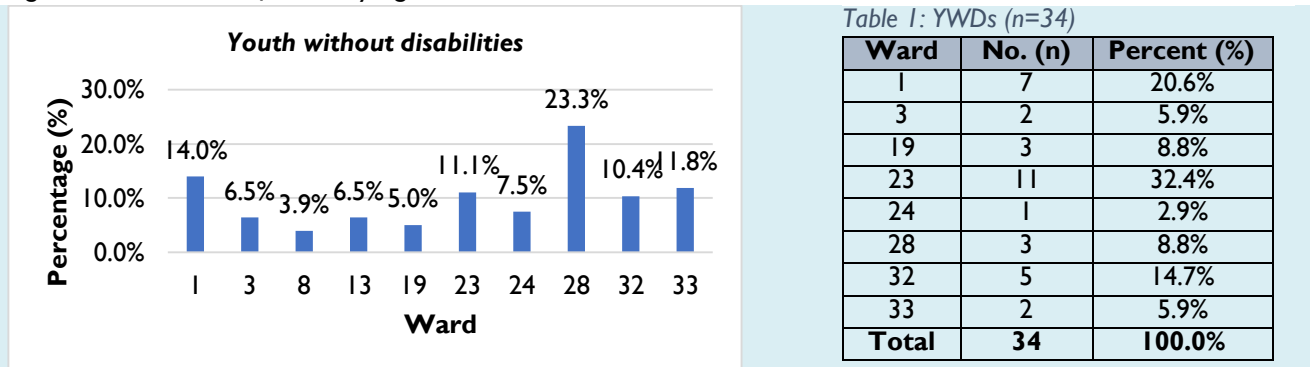
FGDs were conducted with 191 youth without disabilities, 34 YWDs, and 16 caregivers of YWDs. The purpose of these FGDs was to gain a nuanced understanding of community perceptions of socio-cultural and gender norms, and how these norms impact gender and disability inclusion in the targeted wards. Additionally, the FGDs aimed to assess the impact of these norms on three IRs of YERA. The participants were purposively sampled and divided into separate groups based on their disability status to capture specific

gender and disability dynamics. A total of 19 out of 20 targeted FGDs were successfully administered, resulting in a response rate of 95%. Despite the effort, traditional mobilization strategies proved ineffective in reaching this group. These strategies relied heavily on physical mobilization and word of mouth, which posed significant barriers for YWDs with mobility or communication impairments.

2.2.4. Household/individual Survey

The survey reached 279 youths without disabilities, surpassing the target of 230. On the other hand, 34 youth with disabilities were reached out of the targeted 40. The difference is however insignificant as some parents and guardians acted as proxies for these youths during FGDs. However, parents and guardians were not subjected to the survey.

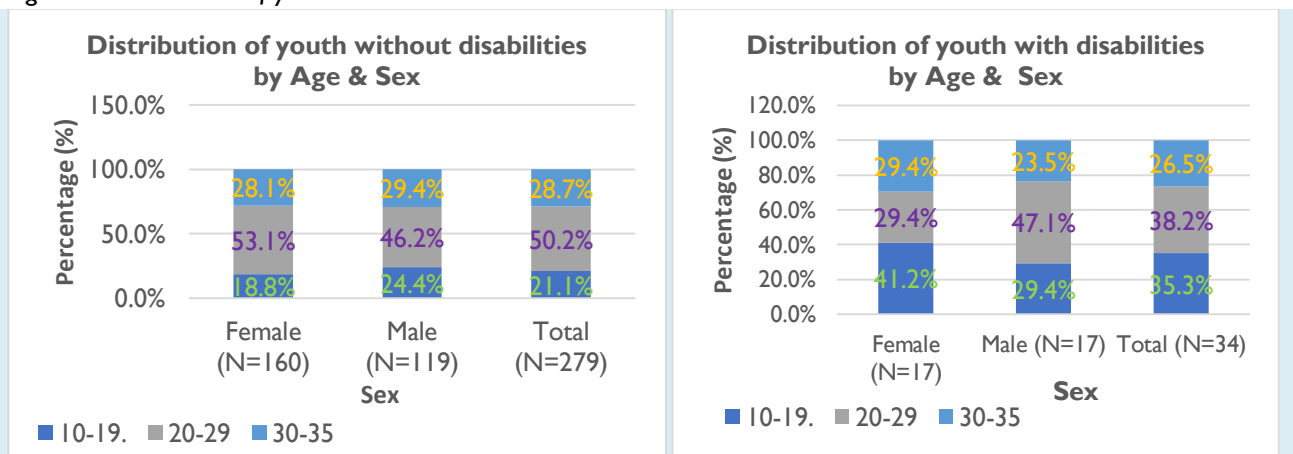
Figure 1: Distribution of Youth by Age & Sex



2.4 Distribution of Participating Youth by Age Sex

Figure 2 below shows that for youth without disabilities, 43% were males while 57% were females. It is also depicted that the majority of youth (50.2%) are in the 20-29 age group. For YWDs, there was equal representation of males and females, (50%) respectively. Also, like youth without disabilities, the majority, (38.2%) are in the 20-29 age group.

Figure 2: Distribution of youth with and without disabilities



2.5 Data Analysis

A mobile-based real-time data collection platform, Kobo Collect, was utilised for quantitative data collection. The data was then downloaded as an Excel sheet and imported into SPSS for analysis. Qualitative analysis was conducted thematically, identifying recurring patterns, concepts, and issues related to gender and disability.

2.6. Data Quality Control

To maintain data integrity, rigorous training was provided to data collectors, emphasising standardised procedures, ethics, and sensitivity to gender and disability issues. Clear instructions minimised bias in surveys and interviews. Robust validation checks in the Kobo Toolbox platform prevented errors. Regular

monitoring during fieldwork addressed challenges promptly. Data validation procedures, like cross-referencing, verified accuracy.

2.7 Data Security

Stringent protocols were in place to safeguard participant confidentiality and privacy during data collection. Informed consent procedures were meticulously followed for qualitative data, emphasising voluntary participation and response confidentiality. Anonymity was assured, with identifiers anonymised or pseudonyms used in transcripts. Quantitative data collected via Kobo Toolbox was securely managed with password-protected accounts and encrypted data transmission. Access was restricted to authorised personnel involved in collection, management, and analysis.

2.8 Ethical Considerations

The consultant prioritised safeguarding, confidentiality, and privacy, especially for vulnerable populations like youths with disabilities. Informed consent procedures were meticulously followed, ensuring participants understood the study's purpose, their rights, and implications. Efforts were made to mitigate power imbalances, fostering mutual respect and collaboration through open communication. These ethical principles upheld research integrity and validity while respecting the dignity and rights of all involved.

2.9 Limitations

The GDA was limited by the low participation of YWDs, who faced mobility barriers. This resulted in a potentially biased sample and omitted crucial insights from the study. The exclusion of YWDs' perspectives may have perpetuated existing inequalities and highlights the need for more inclusive approaches. Future studies should prioritize accessible and disability-inclusive methods to engage YWDs and capture their vital contributions.

3. GENDER AND DISABILITY ANALYSIS FINDINGS

3.1 Gender Roles, Responsibilities, and Time Use

The GDA analysed the division of labour and time use and revealed that gender roles are socially and culturally defined across the ten wards studied. Gender-based social and cultural expectations shape the division of labour, varying by age and marital status. Unmarried young boys and girls assist their elders and learn gender-specific skills. Boys typically support their fathers and male guardians in economic provider roles like farming, livestock management, and income-generating tasks. In contrast, girls assist their mothers and female guardians with domestic tasks like cooking, sweeping, washing, and childcare. One girl poignantly voiced how domestic roles limit their career aspirations, stating:

“As girls, we’re constantly reminded to prioritize domestic duties over our own aspirations. From a young age, we’re taught that our main purpose is to manage the household and eventually become wives and mothers. This societal expectation severely limits our career aspirations, restricting our opportunities for education, professional growth, and personal fulfilment beyond traditional gender roles. It hinders our potential for success in various fields and diminishes our chances of reaching our full potential”. (Female Youth, Ward 33).

The study revealed that in households with a CWD, girls are disproportionately burdened with caregiving responsibilities, often at the expense of their career aspirations. They are frequently confined to the house to care for the child, limiting their opportunities to participate in economic and civic activities. The study found a significant positive correlation between gender roles and career aspirations, indicating that traditional gender roles can influence an individual's career goals. To further understand this relationship, a survey was conducted among youth, and the results are presented in Table 2.

Table 2 Gender roles and their influence on career aspirations

		Female N=160	Male N=119	Total N=279
The extent participant believe that gender roles influence their career aspirations	Extremely	22.5%	18.5%	20.8%
	Very much	21.9%	20.2%	21.1%
	Moderately	23.1%	30.3%	26.2%
	Slightly	18.8%	16.0%	17.6%
	Not at all	13.8%	15.1%	14.3%

As shown in the table above, 68.1% of participants (20.8% extremely, 21.1% very much, and 26.6% moderately) acknowledged that gender roles continue to shape perceptions of suitable careers in their communities. FGDs further revealed that youth in the studied wards often select courses and careers that conform to traditional gender roles. Male youth commonly associated careers such as construction, engineering, welding, and mechanics with men, while female youth commonly associated careers like dressmaking, hairdressing, cooking, baking, and nursing with women. These findings indicate the types of courses and careers that boys and girls pursue in the studied wards. YWDs often pursue courses they consider suitable or achievable, such as shoe repairing, computer or phone servicing for male YWDs; and weaving or baking for female YWDs. However, some YWDs with physical impairments reported lacking opportunities to pursue career options due to stereotypes that they are best suited to stay at home.

The gendering of career choices has a profound impact on male youth, female youth, and YWDs, perpetuating inequality and limiting options. Traditional gender roles and stereotypes often steer young people towards certain professions, discouraging girls from pursuing careers in male-dominated fields like STEM and pressuring boys to avoid traditionally female-dominated fields like education, arts and humanities. This finding aligns with the Zimbabwe Gender Assessment (2023), which revealed that male youth are overrepresented in Science, Technology, Engineering, and Mathematics (STEM) fields, while female youth are more likely to pursue studies in arts, education, and social sciences. Specifically, the assessment found that 10% of male youth enrol in STEM fields, compared to 8% of female male youth¹. To address this, a key informant at the MoPSE emphasized the need for YERA's career guidance and coaching interventions to

¹<http://documents1.worldbank.org/curated/en/099062823005513984/pdf/P17991142c466021906b1a5f4a115199d.pdf>

challenge gender and disability stereotypes, and empower young people to pursue their career aspirations, regardless of gender, or disability, as stated:

YERA must actively challenge gender and disability stereotypes linked to career choices. This will foster an inclusive and equitable environment where young people can freely pursue their passions and talents, irrespective of their gender or disability. Such efforts will unlock a plethora of opportunities and dismantle barriers that impede personal and professional development. (KII, MoPSE)

Female youth across all ten wards expressed concerns about the time-consuming and risky task of fetching firewood due to high levels of deforestation. They reported walking long distances to fetch firewood, which exposes them to sexual violence in the bushes and attacks by wild animals like hyenas, particularly in ward 32. Additionally, drought has led to the drying up of water bodies, forcing female youth to travel up to five kilometres in search of water. Although some male youth assist with fetching water and firewood in households with access to labour-saving technologies like wheelbarrows and ox-drawn carts, married men who help with domestic chores face stereotypes and ridicule, being seen as under their wives' control (*kutongwa nemukadzi*) or "love portioned" (*Kudyiswa*). These perceptions can damage men's masculine ego and discourage them from participating in domestic tasks, resulting in a heavier workload for female youth. One female youth participant shared:

Even if my husband wants to help me, he's afraid of being judged by the society and labelled as 'love portioned'. He only lends a hand when I'm pregnant or severely ill, leaving me to bear the full burden of domestic work most of the time. (Female youth, Ward 24)

The study found that gender roles significantly influence the participation of youth in the labour market, shaping the occupations chosen by male and female youth. As shown in Table 3, traditional gender expectations often restrict female youth to certain occupations, excluding them from more lucrative jobs and limiting their economic potential. These gendered expectations perpetuate gender inequality in the workforce, relegating women to low-paying jobs.

Table 3: Main Occupation for Youth

Youth without disabilities				Youth with Disabilities			
Main occupation	Female (N=160)	Male (N=119)	Total (N=279)		Female (N=17)	Male (N=17)	Total (N=34)
Artisan	0.6%	5.0%	2.5%	None	23.5%	52.9%	38.2%
Business	8.1%	9.2%	8.6%				
Casual labour	16.3%	32.8%	23.3%	Business/ vending	5.9%	11.8%	8.8%
Civil servant	0.0%	3.8%	2.2%				
Farmer	22.5%	24.4%	23.3%	Casual labour	11.8%	5.9%	8.8%
Housework	22.5%	9.2%	16.8%				
Other	5.6%	5.0%	5.4%	Farmer	23.5%	29.4%	26.5%
Permanent agricultural labourer,	0.8%	1.3%	1.1%				
Seasonal Agric. Labourer	1.3%	3.4%	2.2%	Housework	17.6%	0.0%	8.8%
Trader/Vendor	12.5%	2.5%	8.2%				
				Permanent agricultural labourer	0.0%	5.9%	2.9%

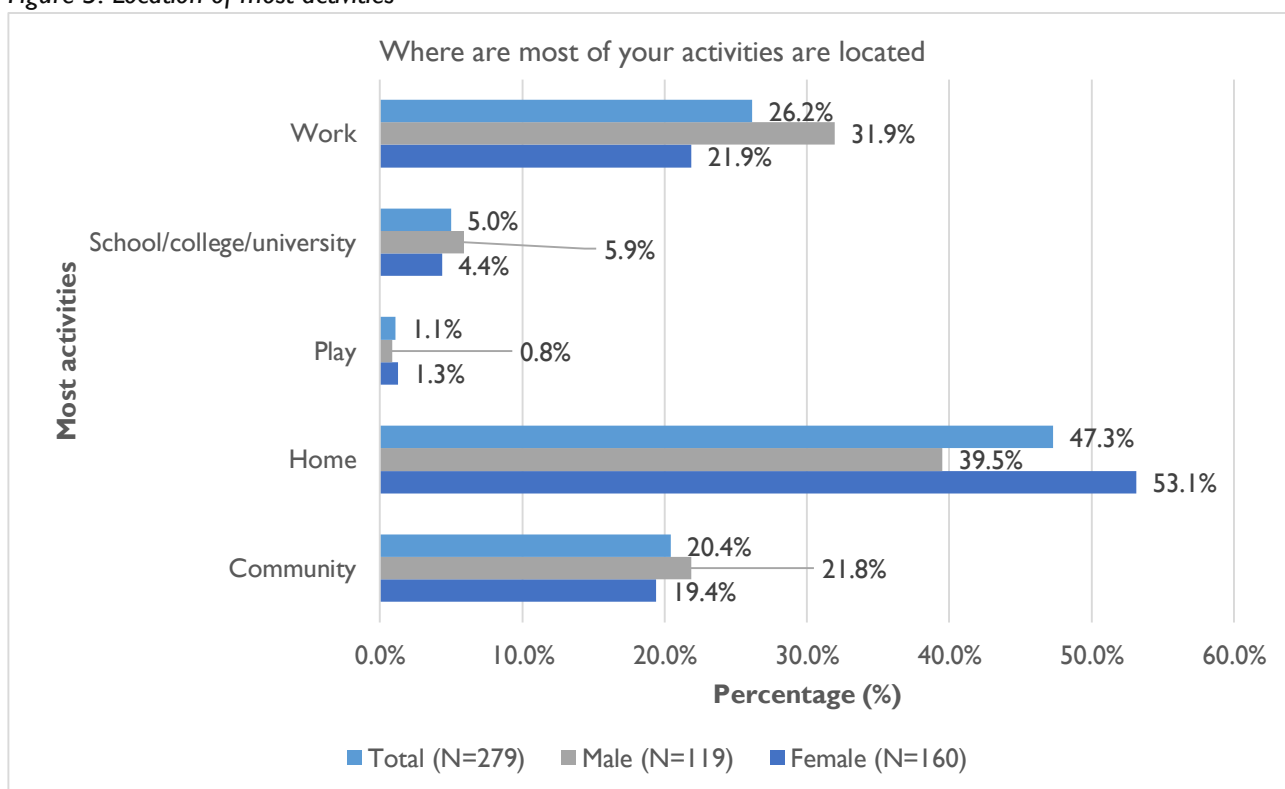
The data in Table 3 revealed that gender roles significantly limit the job opportunities and sectors available to male and female youth, as well as YWDs. Female youth without disabilities are largely confined to underpaid domestic work in other people's households (22.5%), compared to their male counterparts (9.2%). Similarly, female YWDs are largely confined to underpaid housework (17.6%), with no male YWDs reported in such roles (0.0%). This echoes the 2019 Labour Force and Child Labour Survey (LFCLS), findings, which showed that gender segregation in occupations is often rooted in gender roles and stereotypes. Women are underrepresented in industries like electricity (8%) and construction (9%), and

overrepresented in service and sales work (59%) and clerical support roles (58.4%)². The GDA findings underscore the stark reality faced by YWDs, who are denied equal access to job opportunities due to their disabilities. They are often relegated to lower-paying opportunities like vending (8.8%). These findings corroborate with and reinforce the NASCOH study, which exposed the alarming statistics that only 2% of PWDs hold public sector jobs, and a mere 7% are employed overall in Zimbabwe. NASCOH study also showed that a significant 8% of PWDs are self-employed, many of whom are vendors.³ The convergence of these findings from the GDA and NASCOH study underscored the relegation of YWDs to vulnerable employment opportunities. This calls for YERA to address the deep-seated disparities faced by YWDs in the studied wards, ensuring their inclusion in the workforce and access to equitable opportunities.

The GDA also revealed that while gender stereotypes largely disadvantaged female youth, societal expectations around masculinity also limit male youth's potential. Traditional masculine norms pressure men to become breadwinners at a young age, dividing their attention between pursuing a quality education that leads to decent work and finding a job to fulfil social obligations, thereby hindering their overall development and career advancement.

The study also revealed that female youth without disabilities spend significantly more time on domestic work than their male counterparts, as illustrated in Figure 3.

Figure 3: Location of most activities

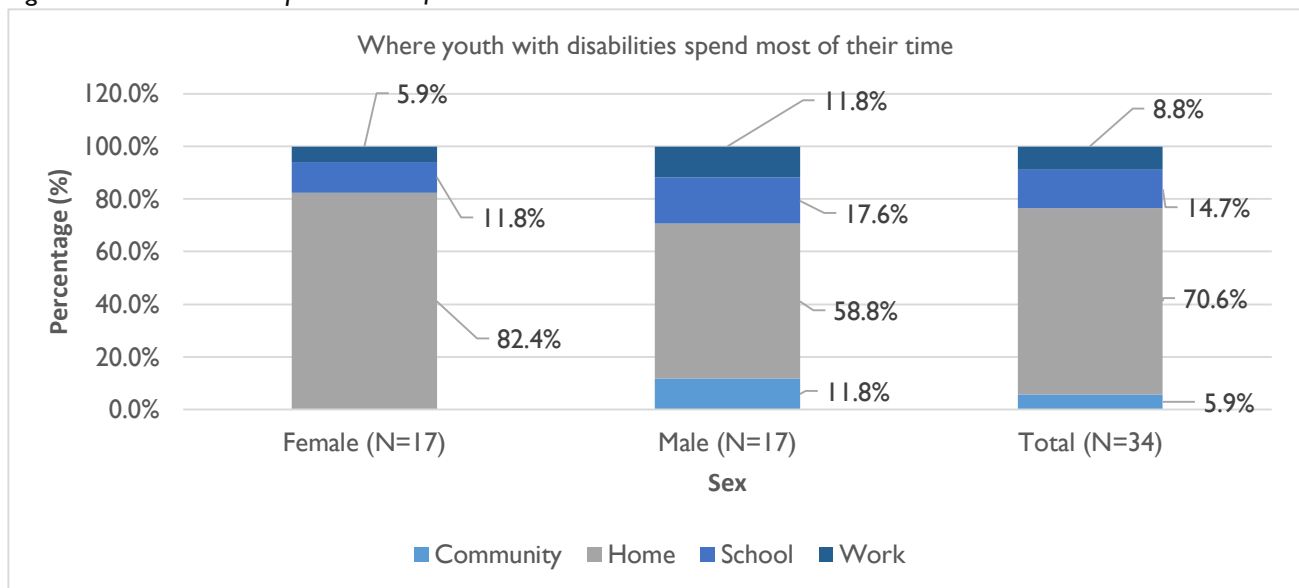


As shown in Figure 3, female youth without disabilities spend 53.1% of their time on domestic work, compared to 39.5% spent by their male counterparts. Similarly, female YWDs spend significantly more time in the home environment (82.4%), which is 23.6% higher than the time spent by their male counterparts (58.8%). This indicates that female YWDs dedicate a substantially larger proportion of their time to domestic work compared to their male peers. The confinement of YWDs was also found to be associated with either domestic work or the fear of family shame, as disability is often misconceived because of witchcraft or a curse for past wrongdoings.

² <https://www.zimstat.co.zw/wp-content/uploads/publications/Social/Gender/Women-and-Men-Report-2019.pdf>

³ <https://deafzimbabwetrust.org/the-disability-observer-2021-issue1/#:~:text=According%20to%20a%20study%20by,in%20Zimbabwe%20are%20in%20employment/>

Figure 4: Where YWDs spend most of their time.



The graph above illustrates the confinement of female youth in the home, limiting their time for employment, and community engagement, and thereby widening the gap in access to economic and civic opportunities. Female YWDs face even greater challenges, navigating both gender-based expectations and additional barriers due to their disabilities, which further hinders their participation in civic and economic opportunities. The GDA revealed that the domestic workload imposed on female youth restricts their time for business development and expansion, resulting in smaller enterprise size, lower profits, and reduced productivity compared to male-owned businesses. This disparity is attributed to the unequal burden of care work, limited capital, and smaller enterprise size, which collectively hinder the economic potential of female youth. The struggle to balance care work with entrepreneurial activities was a recurring theme in female youth FGDs.

"Time poverty has a devastating impact on our businesses. As women, we are expected to juggle domestic responsibilities alongside entrepreneurship, leaving us with limited time to focus on growth and expansion. The constant struggle to balance care work and business ownership hinders our ability to invest time and energy into our enterprises, ultimately affecting their scalability and profitability." (Female youth, Ward 23).

Female youth face significant challenges in accessing lucrative markets due to domestic tasks, which limit their time and mobility. Those residing outside Jerera Growth Point (Ward 19) reported being unable to travel to this hub or beyond Zaka district to sell their products, forcing them to rely on local markets where they often sell on credit, hindering business growth. This restriction to local markets limits their opportunities for expansion and overall business growth. Moreover, domestic tasks severely constrain female youth's participation in public spaces, including community meetings and leadership positions. The burden of unpaid domestic work, such as household chores and caregiving responsibilities, leaves them with limited time for civic engagement, hindering their representation, voice, and influence in community decision-making processes. This unequal distribution of domestic tasks perpetuates gender inequalities, restricting female youth's meaningful participation in public spaces and reinforcing their underrepresentation in leadership positions.

Female youth engaged in productive work, such as vending and casual labour, spend an average of seven hours daily on paid work, in addition to six hours on unpaid reproductive work. In contrast, male youth reported spending ten hours on paid work and only two hours on unpaid work. These findings highlight the significant disparity in the distribution of labour between male and female youth. Female youth bear a disproportionate burden of paid and unpaid work, totalling thirteen hours daily, compared to male youth's twelve hours. This unequal distribution creates time constraints that limit female youth's participation in civic engagement, entrepreneurship, and personal development opportunities. The added responsibilities of household chores and caregiving restrict their availability for community meetings, and entrepreneurial

pursuits, further marginalizing them and limiting access to resources, networks, and economic growth opportunities. A female youth in ward 19 shared:

"As a female youth, I work tirelessly from dawn till dusk, juggling household chores and running a small fruit and vegetable business. This double burden of reproductive and productive roles leaves me with little time for community engagement and entrepreneurial pursuits, limiting my potential." (Female Youth, Ward 19)

The narrative illustrates how societal norms and gender roles impose a double burden on female youth, requiring them to balance productive work with domestic responsibilities. This significantly limits their capacity to fully engage in YERA activities. The constant juggling of responsibilities leaves them with insufficient time to dedicate to entrepreneurial activities, hindering their potential for growth and success.

The study revealed that married female youth in all the studied wards face significant mobility restrictions, requiring permission from their husbands to travel to distant places due to cultural norms that place them under their husbands' custodianship. Even unmarried female youth need permission from their parents or male guardians. These restrictions are further exacerbated for female YWDs, particularly those with physical or visual impairments, who require accompaniment and permission to travel. These mobility constraints hinder participation in development initiatives, including market opportunities outside their villages, wards, or district (Zaka). Furthermore, female cross-border traders are often stigmatized as having extramarital affairs, leading married male youth to restrict their wives' participation in business opportunities that take them away from home. The prevailing stereotype in all the studied wards is the perception that female youth engage in entrepreneurial activities as a cover for prostitution. This stereotype stems from societal biases and prejudices and fails to acknowledge the legitimate business and skills these young women possess. One male youth echoed:

"I cannot allow my wife to pursue entrepreneurship outside of our ward unless I am assured of her safety and security. Unfortunately, there is a widespread belief that female entrepreneurs are prone to engaging in extramarital affairs and are often labelled as prostitutes, using their businesses as a front to attract sexual partners. While some may support women's participation in business, I personally cannot permit it due to these concerns." (Married male youth, Ward 19).

Mobility restrictions have significantly impacted the employment prospects of female youth and YWDs. Both groups reported that limited mobility hinders their access to employment opportunities outside their wards, where job opportunities are scarce. This restricts their chances of securing higher-paying jobs or pursuing entrepreneurship ventures that require travel. YWDs face additional challenges, requiring assistance and accommodations to commute, which further limits their economic participation. These mobility restrictions perpetuate inequalities in employment, creating barriers to entrepreneurship opportunities, and hindering economic empowerment for female youth and YWDs.

3.2 Access to and Control over Assets

Access to land and household assets

In all the studied wards, access to and control over critical productive assets and resources are influenced by age, sex, and disability. The GDA revealed that adolescent boys are often stereotyped as "negligent" and are perceived to reduce the lifespan of assets through careless handling. These negative stereotypes limit their access to and control over household assets, with adult supervision being a prerequisite for use. According to a male participant in Ward 32, adolescent boys are perceived to handle assets roughly, damaging them quickly, which reinforces the stereotype.

The intersection of gender, disability, and age further marginalizes female youth, restricting their access to and control over resources and assets. Patriarchal norms perpetuate the exclusion of female youth from accessing and controlling key productive resources and assets, including land. In all ten wards, FGDs revealed that unmarried youth have limited access to land, which is predominantly controlled by adult men. Quantitative results support this finding, indicating that youth access to land is low, with significant gender and disability disparities. Specifically, only 32.5% of youth without disabilities (40.9% males and 26.4% females) and 23.5% of YWDs (35.3% males and 11.8% females) reported having had access to land, as shown in Table 3 below. The data highlights the intersectional nature of marginalization, where female YWDs face even

greater barriers in accessing land, with only 11.8% of female YWDs having access to land. The findings of the GDA align with Zimbabwe's 2019 situational assessment, which showed that only 33.1% of rural youth have had access to land⁴.

Table 2: Access to land by youth

Youth without disabilities					Youth with disabilities				
Variable		Female (N=27)	Male (N=105)	Total (N=233)			Female (N=17)	Male (N=17)	Total (N=34)
Do you have access to land?	Yes	26.4%	40.9%	32.5%	Do you have access to land?	Yes	11.8%	35.3%	23.5%
	No	73.6%	59.1%	67.5%		No	88.2%	64.7%	76.5%

In the studied wards, customary land systems limit youth's access to and control over land, with discriminatory practices further marginalizing female youth. Under these systems, land is often passed down to male youth upon marriage or inherited upon their father's death, excluding unmarried youth from land allocation. Married youth, seen as family providers, are prioritized in accessing and controlling land, while unmarried youth, especially females, are often entirely excluded. Even when unmarried youth have access to land, decision-making authority rests with their fathers. The 2019 Zimbabwe situational assessment confirmed this finding, revealing that while youth may have access to land, parents determine what is planted and how income is distributed (*ibid*). Female YWDs face even greater disadvantages, being stereotyped as charity cases rather than recognized as individuals with the right to access land. This exclusion is evident in the following verbatim:

As a female youth with a physical disability, I have experienced double exclusion due to both my gender and disability. This has significantly limited my access to and control over land and other household resources and assets, restricting my opportunities for economic empowerment and self-reliance." (Female youth with physical impairment, ward 28).

Youth across all ten wards reported that limited access and control over land severely hinders their ability to engage in agricultural value chains. This limitation also prevents them from obtaining loans, as they lack collateral security. Despite the presence of financial institutions in Jerera Growth Point (Ward 19), such as AFC Bank, Empower Bank, and WISROD, structural barriers block youth from accessing loans. Even when youth manage to access land, financial institutions do not accept communal land as collateral. However, according to a key informant from the MOYEDVT, youth can overcome low access to land by forming groups or associations to increase bargaining power when applying for land leases. This would enable them to tap into the 20% land quota reserved for youth, as corroborated by the Ministry of Lands, Agriculture, Fisheries and Rural Development. The Ministry urged youth to form joint ventures and benefit from the reserved land quota, emphasizing that youth can access land in their districts by following the proper application process through the relevant office⁵. While youth can benefit from this land quota, research has shown that the application process is often strenuous, patronized, and prone to corruption⁶, which may prevent youth from accessing this opportunity.

Across all ten wards, both male and female youth have had limited access to household assets and resources for production. However, male youth have relatively better access (37.2%) compared to female youth (24.8%), as shown in Table 4. Furthermore, all interviewed YWDs reported having no control over household assets, highlighting a significant disparity in access to resources.

Table 4: Ownership of household assets

Youth without disabilities		Female (N=147)	Male (N=109)	Total (N=256)
Own or have significant control over household assets	Yes	24.8%	37.2%	31.0%
	No	75.2%	62.8%	69.0%

⁴ <https://idl-bnc-idrc.dspacedirect.org/bitstream/handle/10625/59189/IDL-59189.pdf>.

⁵ <https://www.herald.co.zw/utilise-20-percent-land-quota-govt-tells-youths/>.

⁶ https://pdf.usaid.gov/pdf_docs/PA00MDKB.pdf.

FGDs revealed that married male youth are expected to be providers and own substantial assets, but in reality, their productive assets are limited and small-scale in all studied wards. These assets include basic tools like ploughs, axes, shovels, wheelbarrows, pliers, and spanners, as well as larger livestock like pigs, donkeys, and cattle. In contrast, women typically own smaller assets like kitchen utensils, hoes, and small livestock (e.g., guinea fowls, turkeys, ducks, and indigenous chickens), indicating a gender disparity in asset ownership. However, married female youth have control over these smaller assets and can dispose of them without needing permission from their husbands, suggesting a degree of financial autonomy and decision-making power.

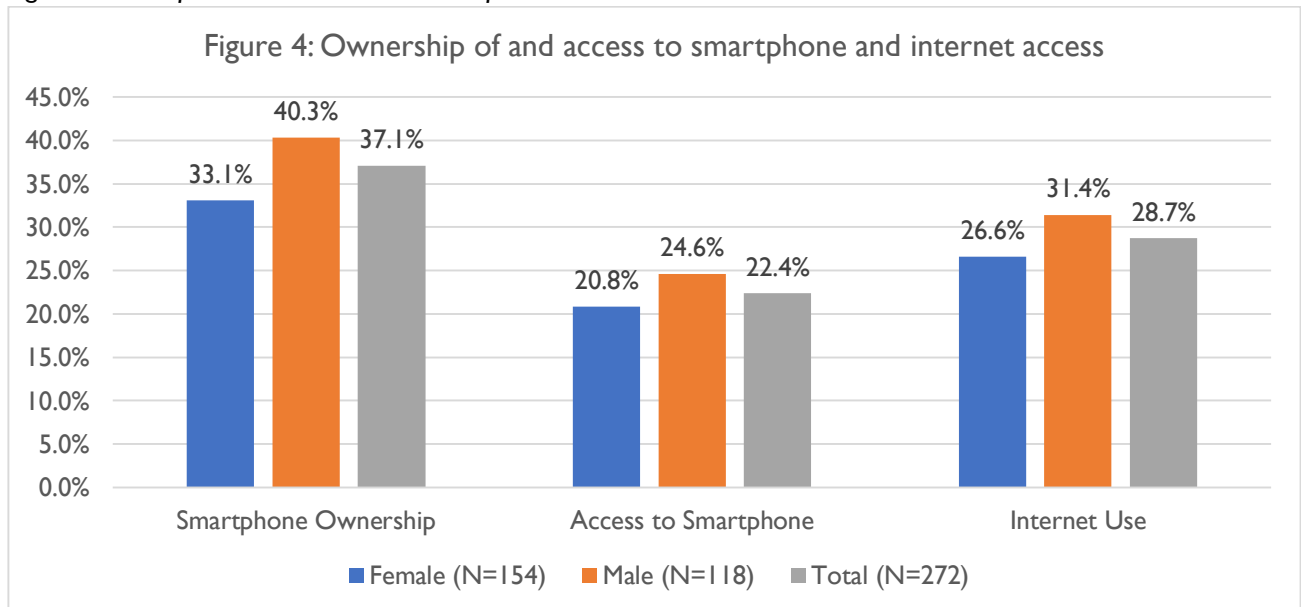
As mentioned earlier, male youth have control over high-value assets, while female youth control assets of lesser value. This disparity is rooted in cultural beliefs, which prohibit women from owning valuable assets. According to tradition, if a woman passes away, her relatives will claim her assets, and if she is alive, her assets are considered untouchable. Using a woman's assets without her consent or failing to distribute her assets properly after her death can invoke the wrath of "ngozi" (avenging spirits). Consequently, women are limited to owning assets of lesser value. This unequal distribution of resources, as confirmed by the councillor, perpetuates gender inequality and restricts women's economic empowerment.

As a ward councillor, I have observed a concerning trend where male youth disproportionately control household assets of high value, while female youth predominantly control assets of lesser value. This disparity is evident in our community, where males often hold a significant advantage in property ownership, decision-making power, and access to resources. This inequality perpetuates gender disparities and severely limits the economic empowerment and autonomy of female youth. (Ward Councillor, Ward I).

The GDA revealed that lack of access to household assets among YWDs and the access to and control of assets of lesser value by female youth have significant implications for their economic prospects. These barriers hinder their ability to generate income, build assets, and participate fully in economic activities, perpetuating gender and disability-based inequalities and limiting their overall economic empowerment and independence.

Information, Communication and Technology

Figure 4: Smartphone Access and Ownership and Internet Use



Digital technologies are an essential pathway to gender equality and empowerment of all women and girls. However, as shown in Figure 4 above, the study revealed a significant gender digital divide, with male youth having higher ownership and access rates to smartphones and internet compared to female youth. Male youth had higher ownership rates of smartphones (40.3%) compared to female youth (33.1%), indicating a 7.2% gender gap in favour of male youth. Despite this, the overall smartphone ownership rate of 37.1% is

significantly lower than the national rural rate of 87.9%⁷. Similarly, access to smartphone is higher among male youth (24.6%) compared to female youth (20.8%). Furthermore, only 28.7% of youth (26.6% female and 31.4% male) reported using the internet, which is significantly lower than the provincial (Masvingo) internet access rate of 43%⁸. FGDs revealed that the majority of youth face high levels of unemployment and poverty, and therefore cannot afford to buy smartphones or pay for the costs of internet data. Unfortunately, this lack of access to the internet and digital technologies prevents youth, particularly female youth, from accessing opportunities to: start businesses, access digital markets and sell products in new markets, and find decent jobs; obtain SRH information and financial services; exchange information and participate more fully in the civic space. Moreover, this digital exclusion may also limit youth's access to YERA digital information and opportunities.

Disability Technologies and Assistive Devices

As shown in Table 5, a significant number of YWDs lack access to assistive devices and technologies, with 94.1% reporting no access. This lack of access is similarly distributed among male and female YWDs, with 5.9% of each group having access. Additionally, a majority of youth (82.4%) reported a lack of information in accessible formats, with equal distribution between males and females. This highlights the need for increased access to assistive technologies and inclusive information formats to ensure equal opportunities for YWDs.

Table 5: Access to assistive technology and information

		Female (N=17)	Male (N=17)	Total (N=34)
Participant has an assistive device/ assistive technology that enables him/her to fully benefit from electronic materials	Yes	5.9%	5.9%	5.9%
	No	94.1%	94.1%	94.1%
General information provided to the public in disability-accessible formats eg Brail, large fonts, sign language etc.	Yes	17.6%	17.6%	17.6%
	No	82.4%	82.4%	82.4%

The following verbatim highlights the testimonies that reflect the challenges faced due to the lack of access to assistive technologies:

As a Youth with multiple disabilities, I have seen first-hand how many of us are left without the assistive devices and technologies we need to fully engage in everyday activities. It is disheartening to know that a significant number of youth with disabilities, like myself, are navigating life without the tools that could greatly enhance our independence and participation. Whether it is simple aids like wheelchairs or more advanced technologies like screen readers, the lack of access to these resources

creates unnecessary barriers that limit our potential and hinder our ability to thrive. (Male youth with multiple disabilities, Ward 19)

Discussions with youth in the studied wards revealed that a significant number of YWDs face considerable barriers in accessing assistive devices, primarily due to financial constraints. These constraints stem from their limited access to and control over productive assets, making it difficult for them to afford the purchase of these devices as majority of them face high levels of poverty. Consequently, YWDs' participation in YERA activities may be hindered, limiting their opportunities for inclusion, empowerment, and full participation.

3.3 Patterns of Power and Household Decision Making

The GDA revealed that youth participation in household decision-making varies based on age, disability status, gender, and level of income contribution. Across all studied wards, young people reported being excluded from decision-making by adults, even regarding their sexuality and careers. This exclusion is perpetuated by the perception that youth are unfocused and incapable of making informed decisions. The exclusion of young people from household decision-making is consistent with the findings of the Takunda Gender Analysis, which showed that gerontocratic tendencies are prevalent in Zaka district, with older people generally not recognizing the importance of involving young people in household decision-making⁹. However, the study found that youth who contribute income or own valuable assets are more likely to be involved in decision-making, compared to those who do not. Furthermore, male youth have better involvement in household decision-making compared to female youth, particularly unmarried females who are often excluded due to patriarchal norms. These norms assume that females will eventually leave the

⁷ https://www.zimstat.co.zw/wp-content/uploads/Demography/Census/2022_PHC_Report_27012023_Final.pdf.

⁸ Ibid.

⁹ https://pdf.usaid.gov/pdf_docs/PA00Z9CV.pdf.

family upon marriage, rendering their opinions and involvement unnecessary. This belief perpetuates gender-based inequalities in household decision-making, as one participant stated:

"I feel excluded from household decision-making as an unmarried female youth. My opinions and involvement are dismissed with the assumption that I'll eventually leave the family once I get married". (Female Youth, Ward 8).

The exclusion from household decision-making is even more pronounced for YWDs. YWDs are often perceived as not contributing to the household, leading to the belief that their input is unnecessary in household decision-making processes. This perception is rooted in the assumption that YWDs are dependent on others and have nothing to offer. The GDA revealed that among YWDs, those with intellectual disabilities are completely excluded from household decision-making, facing even greater marginalization than their peers with other types of disabilities.

The exclusion of youth from household decision-making has far-reaching consequences, perpetuating the belief that they lack the capacity for autonomous decision-making. Unmarried youth who earn income are often required to surrender it to their parents, who then dictate how it should be used. Adults also dictate the careers youth should pursue and tightly control their sexuality, especially for girls, which is closely guarded by the family. Unmarried youth need parental consent to participate in development initiatives, and for YWDs, especially those with limited mobility, caregivers make decisions on their participation. However, parents are cautious about sexuality education, believing it may encourage pre-marital sex.

Married female youth reported that they need to consult their husbands. Those with husbands living in the diaspora (Botswana and South Africa) also need to consult their in-laws. During FGDs, mixed findings emerged. While some female youth reported that their husbands recognize the importance of both spouses contributing to the household income, making it easier for them to join projects related to economic empowerment, others face resistance. A married female youth in Ward 23 noted:

"Our husbands allow us to join projects and attend meetings because they understand the benefits we gain. Most projects address our specific needs and concerns." (Female Youth, Ward 23)

However, other married female youth reported that their husbands prohibit them from participating in businesses outside their communities. Male youth expressed concerns that if their wives earn more than them, they will lose control and become less submissive, potentially seeking extramarital affairs. Married male youth struggling with high unemployment feel they are unable to fulfil their traditional role as primary providers, leading them to restrict their wives' participation in entrepreneurship activities that could make them financially independent. These findings reveal the complex dynamics of household decision-making, where married female youth's involvement is influenced by their husbands' preferences and societal norms, and highlight the economic challenges faced by male youth that can impact their attitudes towards their wives' financial autonomy.

3.4 Participation in Leadership and Public Decision-Making Spaces

The Government of Zimbabwe's National Development Strategy¹⁰ aims to increase youth participation in decision-making and development processes. Achieving this goal of equal youth participation will contribute significantly to Zimbabwe's vision of becoming an Upper-middle Income Economy by 2030¹¹. To this end, the GDA investigated the extent of youth participation in leadership and development processes, specifically focusing on IR3.

In the studied wards, leadership positions, such as DDC, members of parliament, councillors, and traditional and religious leaders, are largely held by adults, with youth being significantly underrepresented. Even leadership positions specifically designated for youth, like youth coordinators, are occupied by adults, further marginalizing youth. However, the GDA found a notable exception at district level, where the DDC is a

¹⁰ https://www.veritaszim.net/sites/veritas_d/files/NDS.pdf. See Page 185 to 187 of the NDS I.

¹¹ <https://www.zim.gov.zw/index.php/en/government-documents/category/1-vision-2030?download=1:vision-2030>.

female (despite being an adult), presenting an opportunity for YERA to leverage her as a role model, challenging stereotypes and inspiring young women to pursue leadership positions.

The study revealed that gender and disability intersect to marginalize youth from leadership positions, with a significant lack of representation of YWDs, particularly female YWDs. Analysis of the data showed that 27.4% youth without disabilities held leadership positions, with 30.8% being male and 24% being female, while 33.3% YWDs (0% females and 50% males) However, it is important to note that the high number of male YWDs (50%) holding leadership positions is not statistically significant, as only two male YWDs were surveyed. Moreover, the study found that no female YWDs reported holding any leadership positions, as shown in Table 6 below.

Table 6: Leadership positions by youth

Have you held any leadership positions	Youth with Disabilities			Youth Without Disabilities				
		Female (N=1)	Male (N=2)	Total (N=3)		Female (N=160)	Male (N=119)	Total (N=279)
Yes		0.0%	50.0%	33.3%	Yes	24.0%	30.8%	27.4%
No		100.0%	50.0%	66.7%	No	76.0%	69.2%	72.6%

The qualitative findings of the study indicated that, apart from one youth who reported being a councillor, the leadership positions held by most youth were not influential. Most youth held positions such as youth leaders or secretaries in churches, which have limited impact on community development. Moreover, these youth reported having limited autonomy, as they were still accountable to adult church leaders. In contrast, female youth participating in VSLGs held leadership positions like chairperson, treasurer, or secretary. However, they expressed a lack of confidence in their leadership abilities and sometimes felt that male leadership was necessary to ensure the sustainability of their groups. The scarcity of youth role models in leadership positions may hinder YERA's leadership development outcomes. Without visible young leaders to inspire and guide them, aspiring youth leaders may struggle to envision themselves in those roles.

The GDA found low youth participation in the 2023 general elections. FGDs revealed that several factors contributed to this limited participation, including limited voter education, election-related violence, lack of youth representation in political leadership, and the perception that their voices are ignored by political leaders. As a result, many youth saw no importance in participating in elections. Furthermore, youth reported financial constraints as a significant obstacle to contesting in the 2023 general elections as candidates. Given the limited access to and control over resources in the studied wards, youth could not afford the hefty fees gazetted by the Zimbabwe Electoral Commission to register as candidates, with presidential candidates required to pay \$20,000, parliamentary candidates \$1,000, and local council candidates \$100¹²¹³¹⁴. This financial barrier reduced youth to mostly cheerleaders in the political landscape. Notably, only one youth in the studied wards reported contesting and winning a councillor position in ward I. The GDA surveyed youth to assess their participation in the 2023 general elections, as shown in Table 7

Table 7: Participation in political activities and elections

Have participated in political activities or elections in the past year (2023)	Youth without Disabilities			Youth with Disabilities				
	Response	Female (N=160)	Male (N=119)	Total (N=279)	Response	Female (N=17)	Male (N=17)	Total (N=34)
Yes		48.1%	42.0%	45.5%	Yes	17.6%	41.2%	29.4%
No		51.9%	58.0%	54.5%	No	82.4%	58.8%	70.6%

The table shows that only 45.5% of youth without disabilities (42% male and 48.1% female) participated in the 2023 general elections, mostly as passive voters. This finding is consistent with the national voting trend among youth, where 44% of youth voted in the 2023 general election, as reported by the European Union Election Observation Mission Report (2023)¹⁵. This suggests that the low level of youth participation in the

¹² <https://www.zesn.org.zw/wp-content/uploads/2015/10/Pre-Election-Updates-2.pdf>.

¹³ <https://www.veritaszim.net/node/6417>.

¹⁴ <https://www.aljazeera.com/features/2023/8/22/another-zimbabwe-election-cycle-reveals-decline-of-women-in-politics>.

¹⁵ <https://secure.ipex.eu/IPEXLWEB/download/file/8a8629a88fb836fd018fba27b2b90010/Final+Report+Zimbabwe+2023.pdf>.

elections is a widespread issue, both in the studied wards and nationally. The participation of YWDs was even lower, at 29.6% (41.2% male and 17.6% female), due to barriers such as inaccessible polling stations, lack of accessible information, and negative perceptions about their political agency, as revealed by FGDs.

I faced a lot of challenges during the elections because the polling stations were not accessible for people like me. There were no ramps or wheelchair-friendly entrances. And for my peers with visual impairments, there was no braille or any other accessible format for voting. There were no dedicated polling agents to support those with disabilities. It was disheartening to see that our participation in elections only happened when MPs transported us to vote in their favour, compromising our choices. (Female Youth with Physical Impairment, Ward 24).

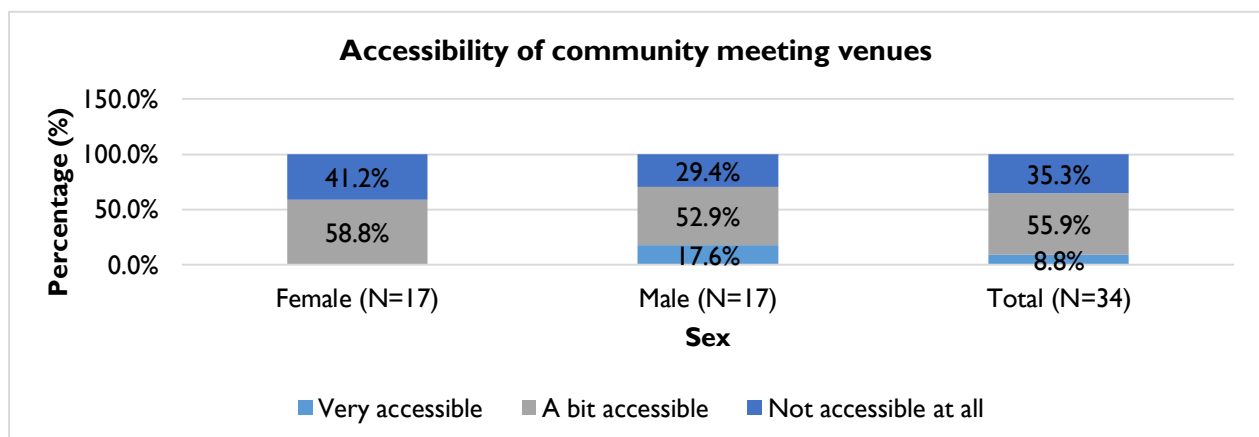
Both youth with and without disabilities consulted during the study revealed that the lack of youth representation among members of parliament and councillors was a significant reason for their reluctance to vote. They felt that their voices were not being represented in the political sphere, leading to a sense of disenfranchisement and disillusionment with the political process. This reason may have also contributed to the low number of youth who voted at the national level, where only 35 members of the national assembly were under the age of 35, comprising 35% female and 63% male youth representatives¹⁶. This shows that, in an attempt to promote youth participation in electoral processes, it is essential for YERA to empower young people to assume leadership positions as an entry point, allowing them to have a greater stake in the electoral process and amplifying their voices in the political sphere. To assess the level of youth participation in decision-making, a survey was conducted, and the results are presented in Table 8.

Table 8: Level of youth participation in decision-making processes

Have you participated in community decision-making processes in the past year	Youth Without Disabilities			Youth With Disabilities				
		Female (N=160)	Male (N=119)	Total (N=279)		Female (N=17)	Male (N=17)	Total (N=34)
	Yes	20.0%	30.3%	25.15%	Yes	5.9%	11.8%	8.8%
No	80.0%	69.7%	74.85%	No	94.1%	88.2%	91.2%	

As shown in the table above, the study found that in the past year, males (30.3%) participated in community decision-making processes than females (20%). Furthermore, the participation of YWDs was alarmingly low. The data revealed a significant gender disparity, with only 5.9% of females compared to 11.8% of males engaged in decision-making processes. These findings highlight the intersectionality of gender and disability in limiting youth participation. Both female youth and YWDs face significant barriers, including societal norms and stereotypes that undermine female leadership capabilities and a lack of accessible opportunities and resources for YWDs. Notably, YWDs with physical impairments reported that community meeting venues were inaccessible (35.3%), with females (41.2%) more affected than males (29.4%), as shown in Figure 5 below.

Figure 5: Accessibility of community meeting venues



¹⁶<https://secure.ipex.eu/IPEXLWEB/download/file/8a8629a88fb836fd018fba27b2b90010/Final+Report+Zimbabwe+2023.pdf>

The study revealed that community structures, such as WADCOs, VIDCOs, and SDCs, systematically exclude youth from decision-making processes. These structures are predominantly controlled by adult men, with councilors chairing WADCOs and village heads chairing VIDCOs. Most of the youth reported being deliberately excluded from decision-making processes or invited to participate in these platforms without being given the opportunity to engage meaningfully or make decisions. Ageism and sexism were found to be used as tools to exclude youth from making meaningful contributions in community structures. Youth complained that their contributions are dismissed as "youthful naivety" and lack of experience, with some being labeled as "born frees" who did not experience the war of liberation and therefore do not understand development priorities and governance dynamics. Female youth faced even greater barriers, with many reporting discrimination based on both age and gender. Some married female youth reported being forced by their husbands to stay at home and care for children instead of attending community meetings, with their husbands fearing that their wives' empowerment through civic participation would threaten their marriages.

In the studied wards, adult dominance in WADCOs, VIDCOs, and SDCs was universal, with youth largely excluded from leadership positions. The study surveyed youth to determine if they had ever held positions in these community structures, and the findings showed that only 27.4% of youth (24.0% females and 30.8% males) had done so, as shown in Table 9. This indicates a significant underrepresentation of youth in community leadership, perpetuating the marginalization of their voices and perspectives in decision-making processes.

Table 9: Youth who held leadership positions in community structures.

		Female (N=47)	Male (N=36)	Total (N=83)
Have you held any leadership positions in community structures	Yes	24.0%	30.8%	27.4%
	No	76.0%	69.2%	72.6%

Although some youth reported holding leadership positions, as shown in the table above, FGDs with youth revealed that these positions were largely limited to subordinate roles such as secretaries or committee members, with no youth reported to ever hold top or influential positions, such as chairpersons within these structures. The exclusion from leadership positions in community structures was even more pronounced for YWDs, who were often subjected to derogatory language, such as being called "handicapped" or "witches". YWDs consulted during the study revealed that their communities had not fully accepted them as equal and capable leaders, perpetuating harmful stereotypes and biases. They reported being patronized and marginalized, with comments suggesting that they required assistance and representation, implying that they were incapable of leading or representing others in the community. This perpetuated disempowerment, creating a fear of participating in civic spaces. In Zaka district, where beliefs in witchcraft were prevalent, disability was often associated with witchcraft, leading to the stigmatization, ridicule, and exclusion of YWDs from participating in civic spaces.

The findings of limited youth participation in community and district platforms pose significant challenges for YERA in its efforts to enhance youth civic participation, particularly for female youth and YWDs. The persistent exclusion of youth from civic processes perpetuates their marginalization, undermining their ability to contribute to shaping their communities. To address this, YERA must identify and tackle the barriers faced by youth, including lack of representation, limited access to resources, and negative attitudes towards their participation. Special attention should be given to empowering and amplifying the voices of female youth and YWDs, ensuring their meaningful inclusion in decision-making and fostering an environment that values and recognizes their contributions.

3.5 Access to Economic Opportunities

In the Zaka district, formal employment is scarce, leading to limited stable job opportunities for youth, regardless of gender or disability. The informal sector, particularly small and medium enterprises (SMEs), serves as the primary source of employment. These SMEs include butcheries, retail shops, hospitality services, hair salons, food vendors, catering, and printing services. Youth in these sectors face vulnerable conditions, such as poor working conditions, inadequate social security, and limited benefits. Additionally, many youth engage in cross-border trading, casual labour (e.g., well-digging, fencing, brick moulding), and

small-scale mining. Female youth often start small businesses like detergent making, gardening, dressmaking, and fruit selling.

Gender and Disability Disparities: Youth with disabilities (YWDs) and female youth encounter additional barriers in the labour market. Gender segregation persists, with female youth overrepresented in precarious jobs and burdened with unpaid care work. The 2019 LFCLS report shows women are less likely to be in paid employment (57.4%) than men (64.8%) and bear the majority of unpaid work. YWDs face misconceptions about their abilities, leading to high education attrition rates and exclusion from vocational training and formal employment. They are often relegated to menial tasks like vending and repairing radios and shoes. A male youth with a physical impairment shared:

"I'm constantly told I'm not capable, that I'm unskilled and useless. People assume I can't even take care of myself, let alone contribute to society." (Male youth with physical impairment, Ward 19).

Stigma and Discrimination: Local companies often hesitate to hire YWDs due to perceived economic burdens and a lack of workplace accessibility. YWDs reported that companies are reluctant to recruit them due to the additional costs of modifying workplaces, highlighting significant barriers to employment and inclusion. The stigma and discriminatory practices exclude YWDs from job opportunities, perpetuating their marginalization. One FGD participant with physical impairment shared:

"I'm constantly told I'm not capable, that I'm unskilled and useless. People assume I can't even take care of myself, let alone contribute to society. They exclude me from opportunities, saying I'd be a burden. It's as if my disability defines me, not my abilities. It's frustrating, hurtful, and isolating." (Male youth with physical impairment, ward 19).

Job Information Access and Application Support: Youth, both with and without disabilities, rely on word of mouth and WhatsApp for job information, sometimes exposing them to fraudulent postings. There is a need for support in application processes, including resume creation, cover letter writing, and interview preparation.

Barriers for Married Female Youth: Married female youth face significant barriers in seeking employment outside their local areas due to mobility restrictions and domestic responsibilities. This limits their ability to explore job opportunities beyond their wards. In some wards, female youth are excluded from small-scale mining due to gender stereotypes and the risk of SGBV. This harmful gender stereotype perpetuated their exclusion from economic opportunities, as stated:

"They say we're cursed, that our presence will make the gold disappear. They don't allow us to mine, only to sell food to them. It's like they think our bodies are a burden, a risk to their precious gold. They believe we're 'unclean' during our periods, that we'll bring bad luck and make the gold vanish." (Female youth, ward 32).

Coping Mechanisms and Small Enterprises: Due to employment deficits, some youth resort to clandestine coping mechanisms such as transactional sex and drug dealing. Others turn to small enterprises but face significant obstacles, including a lack of support systems and capital. Female youth are disproportionately affected, with only 5.9% accessing loans compared to 11.8% of male youth. YWDs face even greater challenges, with none reporting access to loans.

"In Jerera Growth Point (Ward 19), many boys are involved in drug dealing and girls are engaged in sex work, locally known as "Zvitokwe Mukosi". The streets have even been named after these activities, with drug dealing happening on 'Baghdad' street and sex work on 'Madhimoni' (street of demons)." (Male youth, Ward 19).

Access to Loans and Financial Inclusion: Youth face barriers in accessing loans due to a lack of collateral. Although some funds are available through government ministries, not everyone can benefit from them. Male youth have better access to land but face bureaucratic hurdles in using it as collateral. Female youth often rely on informal savings mechanisms and support from relatives in the diaspora. A male youth highlighted:

"I'm always on the move, like many young men in Zaka, migrating to South Africa, Botswana, or other areas outside the district in search of opportunities. Trusting others with my money is tough, and I value my freedom too much to be tied down." (Male Youth, Ward 32).

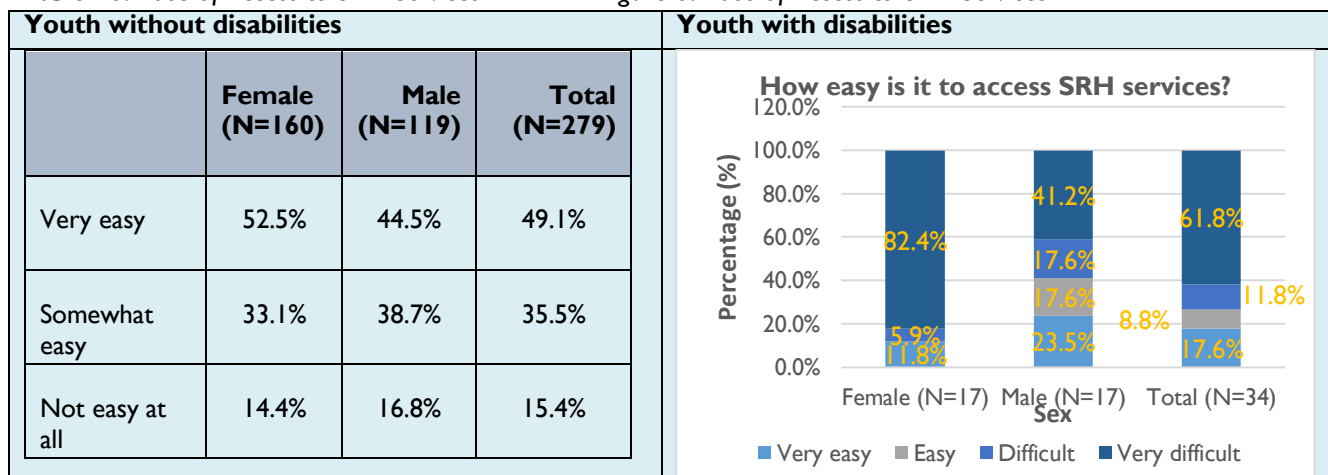
This highlights the challenges faced by young men who prioritize mobility and flexibility over financial stability, hindering their participation in financial initiatives like VSLGs.

3.6 Access to Health Services¹⁷

Access to health services, specifically SRH services, varied significantly across different wards. While local health facilities offered SRH services in all studied wards, accessibility and availability differed, with some wards having better access than others. KIIs revealed that wards 8, 13, 24, and 28 lacked health facilities, forcing youth to travel to neighbouring wards for essential SRH services. Youth in these affected wards reported travelling longer distances, averaging approximately 10km, to access SRH services, placing a significant burden on female youth and YWDs who face mobility constraints. Cultural norms and restrictions limited female youth's mobility, requiring them to prioritize domestic tasks, and making it challenging to access SRH services. Decision-making about seeking healthcare was often controlled by parents (for unmarried girls) and husbands (for married women), creating additional barriers. For youth with physical impairments, accessing SRH services was even more challenging due to limited mobility and transportation options. To further understand accessibility challenges, youth were asked about the ease of access to SRH services, as shown in Table 10, and Figure 6 below:

Table 10: Ease of Access to SRH Services

Figure 6: Ease of Access to SRH Services



Data in Table 10 showed that 14.4% of female youth without disabilities indicated that it is not easy to access SRH services, compared to 16.8% of male youth. The results indicated that most of these youth are from wards 8, 13, 24, and 28, who must travel to neighbouring wards to access SRH services. Notably, male youth faced more difficulties accessing SRH services, citing that local clinics lack “male-friendly services”. During the study, male youth consulted revealed that the clinics have limited services targeted at men and inadequate infrastructure, making them feel uncomfortable. For instance, they pointed out the absence of

¹⁷ The study defines health services as comprehensive Sexual and Reproductive Health (SRH) services, encompassing a range of essential healthcare components, including but not limited to: contraceptives, STI prevention and treatment, GBV services, HIV prevention and treatment, maternal healthcare, cervical cancer screening and treatment, and other related services that promote overall well-being and reproductive health.

“fathers' shelters” for men waiting for their wives, unlike the available “mothers' shelters” for expectant mothers. The clinic infrastructure and layout were perceived as inappropriate and uncomfortable spaces for male youth. On the other hand, YWDs significantly experienced challenges with accessing SRH services (73.6%), with females expressing more challenges (88.3%) compared to males (58.8%). The disproportionately higher challenges faced by female YWDs suggest that they encounter intersecting barriers, including gender and disability-related discrimination, which exacerbate their exclusion from accessing SRH services.

“Youth in ward 8 travel 10km to reach the nearest health facility in ward 24, facing poor road networks and inaccessible clinics with no ramps. This makes it difficult for youth with physical impairments to access SRH services. It's a struggle I witness daily, and change is desperately needed.” Village Health Worker, Ward 8

The study revealed that young people's limited control over household income restricts their access to SRH services, as they often lack the financial resources to cover transportation costs and user fees. The requirement for user fees at clinics in all studied wards prevents youth from seeking health services.

“The requirement of user fees prevents many youth from seeking essential health services. The Satellite Clinic in this ward demands a consultation fee, and the private Musiso Hospital charges even higher prices. Furthermore, the Government Hospital, Ndanga Hospital, is located approximately 40km away in ward 3, making it difficult for youth to afford the transportation costs of \$4 USD round trip, let alone the cost of services and medication.” Village Health Worker, Ward 19

Youth reported that government clinics and hospitals sometimes lack essential medications, forcing them to purchase prescriptions from private pharmacies in Jerera Growth Point and Masvingo town. However, most youth cannot afford to buy these medications. Furthermore, female youth seeking maternal health services in local clinics are often required to purchase additional commodities like razors and cotton wool, which some cannot afford, leading them to prefer delivering at home rather than seeking medical care. To understand the availability of SRH services, youth were asked about their experiences, as shown in Table 11 below

Table 11: Availability of SRH services

Are SRH services available in local clinics?				Are SRH Services available in local clinics?			
	Female (N=160)	Male (N=119)	Total (N=279)		Female (N=17)	Male (N=17)	Total (N=34)
Yes	58.1%	53.8%	56.3%	Yes	29.4%	35.3%	32.4%
No	38.8%	27.7%	34.1%	No	70.6%	64.7%	67.6%
Not sure	3.1%	18.5%	9.7%				

The survey results revealed intriguing gender dynamics, with female youth without disabilities (58.1%) more likely to report the availability of SRH services compared to their male counterparts (53.8%). This suggests that female youth were more likely to seek SRH services, whereas male youth were less likely to do so. Consistent with the Zimbabwe National HIV Strategic Plan 2021-2025¹⁸, male youth in the studied wards expressed that most SRH and HIV programs, such as DREAM SMART girls and Sista2Sista, primarily target girls and young women, except for Voluntary Medical Male Circumcision. Moreover, they noted that HIV programs like the Elimination of Mother-to-Child Transmission focus on women, with men being secondary or indirect participants, indicating a lack of targeted support for male youth. However, this trend is reversed among YWDs, where males (35.3%) reported availability of SRH services than females (29.4%). Moreover, the data highlights significant disparities in access to SRH services between youth with and without disabilities. While 56.3% of youth without disabilities reported the availability of SRH services, only 32.4% of YWDs reported the same. Conversely, 34.1% of youth without disabilities reported unavailability of SRH services, compared to a staggering 67.6% of YWDs. This suggests that gender and disability intersect to produce unique experiences in accessing healthcare, with YWDs, particularly females, facing compounded barriers in accessing SRH services. FGDs and KIIs pointed out the lack of adaptive services available at clinics and hospitals for YWDs to access facilities. For instance, in the studied wards, local health clinics lack proper ramps and accessible roads, materials available in braille or staff competent in sign language, as narrated:

¹⁸ https://www.nac.org.zw/wp-content/uploads/2022/02/zimbabwe-national-hiv-strategic-plan_2021-2025-1.pdf

"I struggled to access SRH services due to the lack of ramps. I felt excluded and marginalized. I had to rely on others to navigate healthcare facilities, compromising my privacy and autonomy. It's frustrating to be denied basic rights because of inaccessible services." (Female Youth with physical impairment, Ward 8)

The GDA revealed that a significant knowledge gap in comprehensive SRH information hinders the uptake of SRH services in the studied wards, disproportionately affecting YWDs. Notably, Table 12 shows that only 32.4% of YWDs are aware of their SRH rights, compared to 38.0% of youth without disabilities. These findings align with the national trend observed in the 2015 ZDHS¹⁹, which reported that only 34% of young people possess comprehensive knowledge of SRH.

Table 12: Knowledge of SRH rights

Are you aware of your SRH rights? (Youth without Disabilities)				Are you aware of your SRH rights? (Youth with Disabilities)			
	Female (N=160)	Male (N=119)	Total (N=279)		Female (N=17)	Male (N=17)	Total (N=34)
Yes	36.9%	39.5%	38.0%	Yes	29.4%	35.3%	32.4%
No	63.1%	60.5%	62.0%	No	70.6%	64.7%	67.6%

Despite a gap between youth with and without disabilities, low levels of SRH awareness among both groups indicate that youth in the studied wards lack comprehensive SRH knowledge. FGDs and KIIs revealed that community parents and leaders act as gatekeepers, controlling access to comprehensive sexuality education (CSE). Discussions around sexuality are considered taboo, and parents fear that providing unmarried youth with information on contraception, such as condom use, will lead to earlier sexual activity. This is particularly challenging for YWDs, who already lack access to information in accessible formats like braille and audio-visuais. Furthermore, YWDs are often stereotyped as asexual and incapable of participating in sexual activities, leading to a lack of consideration for their SRH needs and rights.

The study revealed that a lack of comprehensive SRH knowledge has led to widespread misconceptions among youth. During discussions, youth believed that using contraceptives, such as oral contraceptive pills, emergency contraception pills, and contraceptive injectables, before giving birth can cause infertility or having a child with a disability. Participants also held misconceptions that implants, such as Jadelle, can get lost in the body, that contraceptives can lead to prostitution, and that using contraceptives results in weight gain.

"Unmarried girls who use contraceptives before marriage often become prostitutes, they have nothing to fear, and they've already fallen". Additionally, using contraceptive pills before giving birth reduces the chances of getting pregnant in the future. (Female Youth, Ward 3)

The above verbatim highlights how marital status influences contraceptive use in the studied wards. Unmarried female youth were less likely to use contraception compared to their married counterparts. Across the ten wards, contraception is predominantly used after the birth of a first child, aligning with local cultural norms that expect young married women to demonstrate their fertility before using contraception is deemed acceptable. This cultural expectation leads to discrimination against married young women, particularly those without children, when seeking SRH services. FGDs revealed that fertility is considered a woman's greatest asset, and giving birth is seen as essential to securing her position within the family. Furthermore, the study found that married female youth have limited agency in deciding whether to have children, with many wanting to space or cease childbearing but lacking the autonomy to make these decisions. Most participants believed that women could not independently choose to use contraception, with men regarded as the primary decision-makers in family planning, often opposing the use of modern contraception.

Religious norms significantly influence the uptake of SRH services across the ten studied wards. Notably, youth who belong to the Johane Marange Apostolic sect are prohibited from accessing SRH services, including maternal and child health services. Those who seek these services risk being stigmatized as

¹⁹ <https://www.dhsprogram.com/pubs/pdf/FR322/FR322.pdf>.

"contaminated" and face ostracism from their church community. The Johane Masowe sect is also prevalent in all the studied wards, and its adherents believe that all illnesses are caused by evil spirits, which can only be healed through the Holy Spirit. This belief leads to delayed seeking of medical treatment, including for STIs and HIV/AIDS, as youth in this sect rely mostly on spiritual healing.

Consistent with the Zimbabwe Population-Based HIV Impact Assessment (2020)²⁰ findings that 4 out of every 10 men have never tested for HIV²¹, the GDA revealed a low uptake of HIV services among male youth, with only a minority seeking testing and treatment, compared to their female counterparts. FGDs reported a clear and hegemonic notion of masculinity that requires male youth to be strong and resilient. A clear representation of hegemonic masculinities dominated participants' accounts of their social reality and their explanations of why male youth do not seek healthcare, including HIV services. Whilst it was not clear that not all male youth subscribed to this notion of hegemonic masculinity, and others have managed to resist it in making it to be tested for HIV, and treated for STIs, it served as a very clear and identifiable reference point in all the FGDs. Male youth perceived health-seeking behaviour as a sign of weakness. A KII from the Machiva Clinic in Ward 32 confirmed this, and reiterated that this can be seen in poor SRH outcomes among male youth, such as delayed diagnosis and treatment of STIs and HIV. He stated that:

"Young men usually come to us when it's too late, when the symptoms are severe and the disease has progressed. They're reluctant to seek help early, due to stigma and fear of being seen as weak. By the time they arrive, the STI or HIV has advanced, making treatment much harder." (KII, Machiva Clinic: Ward 32)

Male youth further reported that they are often perceived as "vectors" of HIV transmission, leading to a fear of being stigmatized, blamed, and labelled as perpetrators of the spread of HIV and AIDS if they test positive. This fear has contributed to a reluctance to seek HIV testing services, as mentioned earlier. They expressed that the societal stigma surrounding HIV positivity is a significant barrier, as they are afraid to be known as HIV positive due to the negative connotations and blame associated with it. Key informants consulted during the study emphasized the need for YERA to implement targeted interventions that promote positive masculinities, challenge harmful gender stereotypes, and foster a culture of acceptance and support, thereby increasing the number of male youth accessing HIV services.



March 2024: This image shows one of the traditional healers selling "guchu" in Ward 19. © Decent Moyo/TYDT.

Male youth confirmed that they prefer visiting traditional healers over local clinics and health facilities due to the welcoming and confidential nature of the former. They reported that healthcare providers at clinics often stigmatize and shame them, particularly when seeking treatment for STIs. The youth perceived that nurses and healthcare workers would scold or lecture them before providing treatment, making them feel uncomfortable and judged. In contrast, traditional healers offer a more discreet and non-judgmental space, which they find more appealing. This preference stems from the desire for privacy, respect, and empathy, which is lacking in the conventional healthcare system. The stigma and discrimination faced by young men in healthcare settings drive them to seek alternative solutions.

3.7 Sexual and Gender-Based Violence

SGBV was found to be a pervasive issue in all the studied wards, disproportionately affecting female youth. Accordingly, 26.3% of female youth without disabilities reported experiencing SGBV, compared to 10.3% of

²⁰ https://phia.icap.columbia.edu/wp-content/uploads/2023/09/010923_ZIMPHIA2020-interactive-versionFinal.pdf.

²¹ https://www.nac.org.zw/wp-content/uploads/2022/02/zimbabwe-national-hiv-strategic-plan_2021-2025-1.pdf.

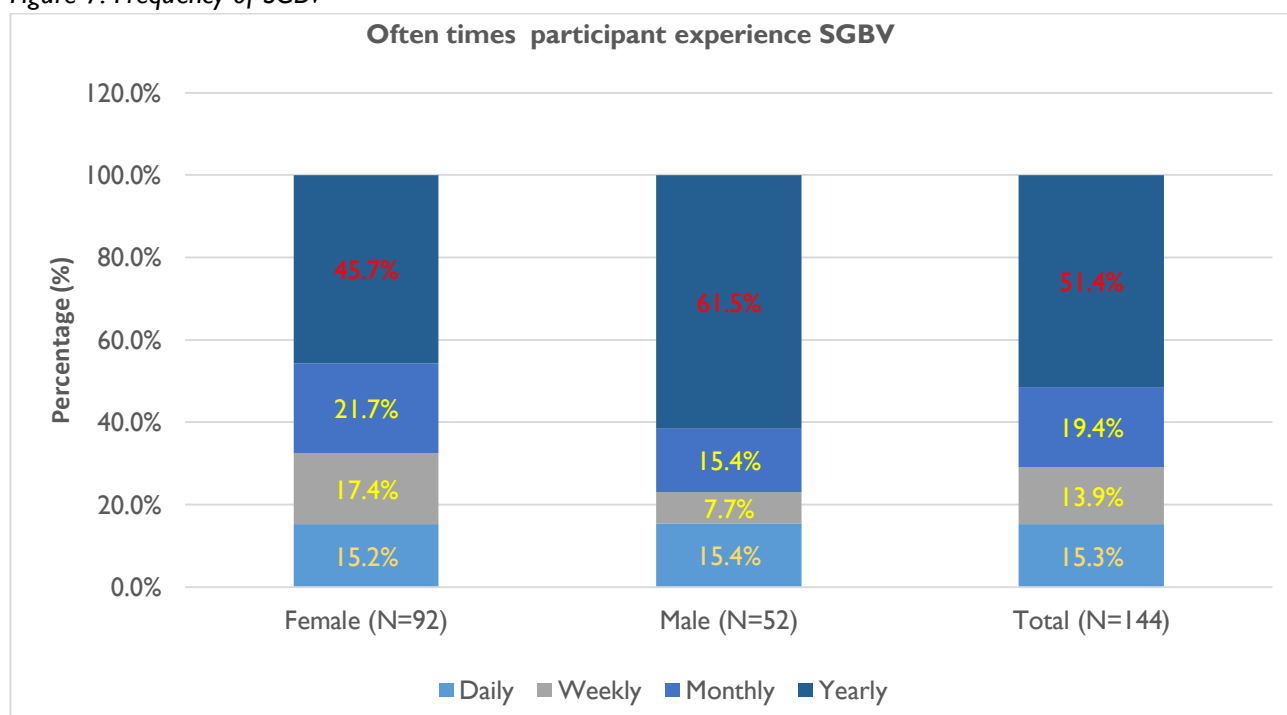
male youth without disabilities. Similarly, female YWDs reported a higher prevalence of SGBV at 17.6%, compared to their male counterparts at 5.9%. These findings are consistent with the 2019 Multiple Indicator Cluster Survey (MICS), which showed that women are more vulnerable to SGBV than men, with 18% of females experiencing SGBV compared to 9% of males. The MICS findings highlighted the gender disparity in SGBV, with women being twice as likely to experience SGBV as men²². Similarly, the youth consulted in this study reported that the most common forms of SGBV experienced were sexual violence, including rape, as well as psychological, physical, and economic violence, mirroring the findings of the 2019 MICS.

Table 13: SGBV experience among youth

Youth without disabilities				Youth with disabilities			
	Female	Male (N=117)	Total (N=277)		Female (N=17)	Male (N=17)	Total (N=34)
Yes	26.3%	10.3%	19.5%	Yes	17.6%	5.9%	11.8%
No	73.8%	89.7%	80.5%	No	82.4%	94.1%	88.2%

To determine the prevalence of SGBV in the studied wards, youth were asked about the frequency of their experiences. The findings revealed that a significant proportion of females experience SGBV frequently, with 15.2% reporting daily incidents, 17.4% weekly, 21.7% monthly, and 45.7% yearly. While a similar proportion of males (15.2%) also reported experiencing SGBV daily, fewer males than females reported experiencing violence on a weekly (12.1%), monthly (15.6%), and yearly basis (10.5%), as shown in Figure 7 below. Notably, the intersection of gender and disability reveals a more complex picture. Female YWDs reported even higher frequencies of SGBV, with 20.5% experiencing daily violence, 23.1% weekly, and 25.8% monthly. In contrast, male YWDs reported lower frequencies, with 10.8% experiencing daily violence, 12.5% weekly, and 14.2% monthly. These findings indicate a higher frequency of SGBV among female youth, particularly those with disabilities.

Figure 7: Frequency of SGBV



A key informant from the MoWACSMED corroborated that SGBV is a pervasive problem in Zaka district, stating:

²² https://www.unicef.org/zimbabwe/media/2536/file/Zimbabwe%202019%20MICS%20Survey%20Findings%20Report-31012020_English.pdf

SGBV cases are rampant in Zaka district, particularly in wards 8, 3, 19, and 28, despite numerous initiatives by the government and various development partners. According to the Victim Friendly Unit (VFU), 18 cases of rape and sexual violence were reported in February 2024 alone. It's important to note that these statistics only reflect cases reported to the police, and many more go unreported to protect relatives and neighbours." (KII, MoWACSMED).

The above verbatim revealed that the underreporting of SGBV cases is a significant challenge. Despite being aware of the Domestic Violence Act, married female youth feel unable to report their husbands to the police, citing economic dependence and fear of divorce. Alarming, some female youth justify SGBV, believing that physical harm is a sign of love. Fear of societal condemnation and long distances to police stations, combined with perceptions of corruption in the police and justice systems, further deter reporting. Female YWDs face even greater barriers, including dependence on perpetrators who provide care, lack of access to police stations, and absence of sign language interpretation for those with hearing impairments. The fear of SGBV restricts the freedom of female youth, both with and without disabilities, to fully engage in development activities.

A village head further corroborated that SGBV largely goes unreported, stating:

"As a village head, I have witnessed first-hand the prevalence of unreported SGBV in our village. SGBV is a public and tragic reality, often hidden behind closed doors, with many cases going unreported. Survivors suffer in silence due to fear, stigma, and shame. This underscores the urgent need for awareness, support services, and a safe and confidential reporting mechanism. As leaders, we are committed to breaking this cycle of silence, empowering survivors to seek justice, and creating a culture of accountability and support." (Village Head, Ward 8)

The GDA revealed that numerous cases of SGBV against male youth went unreported to the relevant authorities. During FGDs, male youth disclosed that societal expectations of traditional masculinity discouraged them from reporting SGBV incidents, fearing stigma, judgment, and being perceived as weak. They also expressed feeling isolated and lacking support from their communities and support systems, believing that their experiences would not be taken seriously or that they would not receive the same level of empathy and assistance as female survivors.

'It's difficult for us guys to report SGBV because we're afraid of being perceived as weak and becoming a laughing stock in the community. There's a stereotype that men should be tough and able to handle anything, and if we speak up about our experiences, we fear being judged and ridiculed. This perception creates a barrier that keeps us silent and prevents us from seeking help.' (Male youth, Ward 13).

The study identified several key drivers of SGBV across the ten wards. These included harmful cultural norms and beliefs that perpetuate SGBV as a means of disciplining wives, high levels of poverty leading to conflicts over resources and assets, and the influence of drug and substance abuse among male youth, which exacerbates violence against girls and women. Additionally, youth reported conflicts over conjugal rights, with married male youth experiencing denial of sex due to their partners' exhaustion from domestic and productive responsibilities or inability to provide for the family. Frustrations stemming from high unemployment and poverty led male youth to feel emasculated, as they struggled to fulfil their traditional role as breadwinners. One male youth poignantly expressed this frustration, stating:

'When my wife doesn't see me as a man because I can't provide for her, and she denies me sex, I become so frustrated that I feel beating her is a way to prove my masculinity.' (Male youth, ward 33).

The GDA revealed that the prevalence of SGBV among married youth increases when the wife is employed or engaged in entrepreneurship, while the husband is unemployed. This dynamic can lead to conflicts over financial control, with the husband potentially spending income on alcohol or feeling the need to dictate how it is used. Conversely, husbands may restrict their wives' ability to work or pursue lucrative businesses, driven by concerns about losing control or perceiving their wives as becoming too independent. The perception that financial independence for women translates to not needing a man may also contribute to this restriction. FGDs further revealed that when men feel they are contributing less to the household, they become more prone to irritation, frustration, and ultimately, SGBV.

'In this ward, I've observed that women's participation in the workforce can lead to marital disputes in families, fuelled by societal norms that perpetuate men as primary breadwinners. This can result in physical or emotional abuse, as rigid gender roles and expectations create tension and conflict within families.' (VHW, Ward 23).

The findings also highlight how harmful belief systems contribute to the vulnerability of YWDs to SGBV. Disturbingly, the study revealed the persistence of misconceptions, such as the belief that HIV can be transmitted from an infected person to a virgin, leading to the horrific practice of "virgin rape," which even targets infants and children. Additionally, YWDs, both females and males, are often assumed to be sexually inactive, making them more susceptible to SGBV. The harmful belief that having sexual relations with someone with albinism brings luck or wealth also exposes YWDs to a heightened risk of rape.

High poverty levels and climate change were identified as key drivers of child marriage in the studied wards. Families struggling with poverty and the impacts of drought due to climate change often resort to marrying off their daughters as a means of escape. This finding is consistent with the 2019 MICS²³ and Girls Not Brides reports, which highlighted poverty as a major driver of child marriage in Zimbabwe. According to these studies, daughters are often married off to reduce their perceived economic burden, with their bride price (lobola) being used by families as a means of survival. Notably, the data showed that 50% of girls married before the age of 18 come from the poorest households, compared to 14% from the richest households, further underscoring the link between poverty and child marriage²⁴.

Key informant interviews revealed that some parents believe the new curriculum, which includes sexuality education, and access to the internet, where children can view pornography and romantic movies, has led to early sexual activity. To preserve family honour, these parents believe that marrying their children at a young age will prevent such behavior. Notably, in Ward 32, child marriage is particularly prevalent among the Marange Apostolic Sect, where arranged marriages are common, and young girls as young as 10 are forced to marry older suitors. Participants revealed that members of the Marange Apostolic Sect encourage young girls to marry much older men, purportedly for spiritual guidance. In this sect, men are reportedly entitled to marry girls to "protect" them from pre-marital sex, often becoming second or third wives in polygamous families, consistent with the findings of the Girls Not Brides report²⁵. Furthermore, harmful cultural practices, such as virginity testing and "chimutsamapfihwa" (the practice of replacing a deceased wife with a younger sibling or relative), remain prevalent within this sect, perpetuating the cycle of child marriage and SGBV.

'As a CCW, I have witnessed the high prevalence of child marriage among the Marange apostolic sect. It is deeply ingrained in their cultural practices, where arranged marriages are common, and girls as young as 10 years are given older suitors. This harmful tradition perpetuates the cycle of child marriage.' (CCW, Ward 32)

In all the studied wards, SGBV survivors had access to clinical services, but faced significant barriers in accessing them. The long distances they had to travel, ranging from 5 to 60 kilometres, to reach health, police, and justice facilities, proved to be a major deterrent. This led to underreporting of SGBV cases, as survivors were discouraged from seeking essential services. Furthermore, survivors often avoided health and police services due to stigma, fear of perpetrators, and lack of trust in the system. The challenges were even more pronounced for female YWDs, who faced additional institutional barriers, such as inaccessible health facilities, lack of disability-friendly services, and financial constraints that hindered their ability to travel and access SGBV services.

3.8 Organizational Analysis

The GDA assessed TYDT's capacity to mainstream gender and disability into YERA interventions. At organizational level, the analysis revealed that TYDT has established robust frameworks and policies

²³ https://www.unicef.org/zimbabwe/media/2536/file/Zimbabwe%202019%20MICS%20Survey%20Findings%20Report-31012020_English.pdf

²⁴ <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/atlas/zimbabwe/>.

²⁵ <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/atlas/zimbabwe/>

promoting gender and disability inclusion, including a gender policy, disability policy, child protection policy, and prevention of sexual harassment, exploitation, and abuse policy. Notably, TYDT has a clear reporting procedure for sexual harassment issues and requires all staff and volunteers to sign acknowledgements of the child protection and PSHEA policies. While TYDT has a gender-balanced team with 7 female and 9 male staff members, the senior management team lacks diverse representation with only one female representative, highlighting a need for improved gender representation in leadership positions. Furthermore, the organization lacks staff with disabilities and its physical infrastructure, including offices and ablution facilities, is not adapted for accessibility by PWDs, particularly those using wheelchairs. However, the program manager reported that efforts were underway to remodel the office space, including installing ramps to ensure ease of access for youth with physical impairments, demonstrating TYDT's commitment to creating a more inclusive environment.

The findings indicate that at the Activity level, TYDT has made significant strides in promoting inclusivity and diversity through its 13-member Youth Advisory Board (YAB), comprising 7 females and 6 males, achieving gender balance. Notably, 15% of YAB members (2 individuals) have disabilities, specifically albinism and physical impairment, aligning with national and international disability prevalence rates. While this is a positive step, the limited diversity in disability representation, with only two types of disabilities, presents an opportunity for TYDT to further enhance its inclusivity by incorporating individuals with varying impairments, such as visual, or hearing, on a rotational basis to ensure a more comprehensive representation. The study revealed that the Activity aims to reach 20,000 youth, with a gender breakdown of 52% female and 48% male participants, and 15% of these being YWDs, demonstrating its commitment to inclusivity. The Monitoring, Evaluation, and Learning Manager reported that TYDT is developing a comprehensive MEL plan, inclusive of gender and disability indicators, to collect disaggregated data. The study also found that the Activity has allocated a budget for reasonable accommodations, including assistive devices and technologies, although the exact amount was not disclosed. Furthermore, the study revealed that the Activity has hired a dedicated staff member, the Disability Inclusion, Gender and Wellness Officer, responsible for ensuring gender and disability inclusion within YERA.

TYDT has demonstrated a commendable commitment to gender and disability inclusion, but the study revealed areas for enhancement, necessitating comprehensive training for staff on gender and disability inclusion. This training should encompass key areas such as disability and gender-responsive budgeting, effective implementation of institutional frameworks promoting gender and disability inclusion, sign language skills, development of disability and gender strategies and tools, understanding and addressing intersectional barriers faced by YWDs, creating inclusive programs and services, and disability and gender data collection and analysis. Equipped with this knowledge, TYDT staff will drive transformative change, ensuring gender and disability inclusion are at the forefront of YERA.

4. CONCLUSION

The GDA broke new ground by exploring the intersection of gender and disability in Zaka district, uncovering a complex web of dynamics that shape the lives of youth across all ten studied wards. The findings revealed that gender and disability intersect profoundly, affecting youth in all spheres of life, including access to assets, household decision-making, leadership, experience of SGBV, health services, entrepreneurship, and employment opportunities. Rooted in patriarchal, cultural, and religious beliefs, these intersections have far-reaching implications for youth participation in civic processes, health services, and economic opportunities, particularly for female YWDs who face discrimination based on gender and disability. Gender roles dictate how male and female youth contribute to society, often creating barriers for female youth to participate in civic and economic opportunities. Unmarried young people and female youth with and without disabilities face mobility restrictions, limiting access to services and full participation in society. The gender and disability inequalities revealed by this GDA require a collective – community-led approach to solving them and there is no doubt YERA has a unique role to play as a technical resource for young people in Zaka

5. RECOMMENDATIONS

- a) **Develop a Gender and Disability Inclusion Strategy:** Collaboratively develop and implement a strategy that includes insights from the Gender and Disability Analysis (GDA). This strategy should be advocated for in Zaka and widely disseminated.
- b) **Adopt a Proximity-Based Approach:** Design activities that are shorter and closer to home to empower young women and those with disabilities to manage their time effectively, considering restrictions on mobility imposed by household dynamics.
- c) **Ensure Accessibility and Inclusion in Programming:** Conduct activities in accessible locations with facilities that accommodate the needs of young people with disabilities. Provide information in various accessible formats (e.g. sign language or braille).
- d) **Engage Traditional and Religious Leaders as Allies:** Partner with traditional, political, and religious leaders to advocate for policies and practices that promote gender and disability inclusion. Provide them with training to support SRH education and combat SGBV and child marriage.
- e) **Foster Role Models and Mentorship:** Identify and mentor youth role models, offering leadership training and visibility opportunities. Encourage their active participation in decision-making processes.
- f) **Provide Gender-Neutral Career Guidance:** Offer career coaching that challenges stereotypes and encourages young people to pursue careers based on their interests and skills. Engage parents to support their children's career aspirations without gender bias.
- g) **Implement Innovative Financing Solutions:** Collaborate with financial institutions to establish a risk-sharing fund for SMEs, offering collateral-free loans. Provide financial literacy training and mentorship to empower young entrepreneurs.
- h) **Enhance Youth-Friendly Financial Services:** Expand Village Savings and Loan Groups (VSLGs) to include male youth, emphasizing autonomy in financial decisions. Encourage savings for productive assets to support sustainable entrepreneurship.
- i) **Increase Access to Health Services for Youth:** Partner with healthcare providers to deliver SRH and HIV services through mobile units and community hubs, ensuring accessibility for all youth, including those with disabilities.
- j) **Promote Positive Masculinities:** Engage male youth in SRH and HIV programming to challenge harmful gender norms and promote inclusive understandings of masculinity.
- k) **Strengthen Capacity for Gender and Disability Inclusion:** Provide ongoing training for TYDT staff on integrating gender and disability considerations into programming. Enhance monitoring and evaluation systems to measure impact effectively.